



CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936
PHONE 217-784-5872 | FAX 217-784-5930

APPLICATION FOR WATER SYSTEM SERVICE CONNECTION

The undersigned, representing himself as owner of the property located at

hereby makes application for connection to the Water System of the City for said property, and in consideration of the furnishing of said service covenants and agrees as follows:

- 1 I agree to abide by all rules and regulations as specified in and by the ordinances of the City now in effect or ordinances enacted and passed from time to time providing for the regulation of service furnished by The City, it is further acknowledged and agreed that the undersigned, his heirs, executors, administrators, successors, and assigns shall pay all charges for connection fees and water usage which shall become due as the result of the connecting of the water mains and the furnishing of water service to the above property, and that all such charges and fees for water service rendered to the property, together with penalties, if any, and the costs of collection are to be considered and become a charge against the property, the lien so created to be enforced in accordance with the ordinances of the City.
- 2 All bills for the aforesaid charges are payable within fifteen (15) days following the receipt of said bill and if not paid, are subject to a 10 percent (10%) penalty.
- 3 Each and all of the agreements and covenants herein contained shall run with the real estate above described whose present owner is signatory to this application.
- 4 I understand that after making this application, I am to await installation premit and instructions therewith.
- 5 SERVICE CONNECTION FEE \$_____ is enclosed herewith, payable to the City.
- 6 Permission is hereby granted to the City and its authorized representatives at any reasonable time to enter the premises of the applicant and any portion thereof for the purposes of inspecting all connections appurtenant to the Water System.

CONNECTION MUST BE INSPECTED BEFORE BACKFILLING:

(Applicants Signature)

(Street number and name of street)

(City, State, and Zip Code)

(Telephone Number)

(Date)

MAIL BILLS TO:

Do not fill in the spaces to the right if the information is the same as the applicant above.

(Name)

(Street Number and name of street)

(City, State and Zip Code)