

WATER SERVICE ACTIVATION FORM

A \$25.00 activation fee is required to establish service. This will be added to the first month's water bill.

Please **COMPLETE** form making sure to write legibly.

Service Address: _____

Name on acct: _____

Phone number: _____

Email address: _____

E-Bills: Yes No (If yes) - E-Bill only E-Bill & Card

Mailing address: (Only if bill needs to be sent to an address different than the service address) _____

Date Service to Start: _____

Permanent home address: _____

Driver's License or ID #: _____

Signature: _____

Print name: _____

THIS FORM CAN BE FAXED TO US AT (217) 345-8427 OR EMAILED TO:

waterdept@co.coles.il.us

YOU MAY ALSO MAIL IT TO: City of Charleston, Water Dept
520 Jackson Ave
Charleston IL 61920

PLEASE CONTACT US AT (217) 345-8430 IF YOU HAVE ANY QUESTIONS. THANK YOU.

THE CITY OF CHARLESTON IS NOT RESPONSIBLE FOR USAGE THAT MAY OCCUR AT TIME OF CONNECTION.