



APPLICATION FOR **HOMEOWNER** (WATER / SEWER / TRASH)

City of Troy - 116 E. Market St. - Troy, Illinois 62294
Public Works Dept. (618) 667-9924 ext. 2

www.troyil.us

ADDRESS: _____ **City:** _____ **Zip:** _____

LOCATION: In City Limits Outside City Limits / Pre-annex Agreement

CLOSING DATE: _____

CONTACT INFORMATION:

Applicant Name (First/ M.I. / Last): _____ **Date of Birth** (MM/DD/YYYY): ____ / ____ / ____

Home Phone Number: _____ **Cell / Work Phone Number(s)** _____

ID/ Driver's License Number (State/Number): _____ **Email Address:** _____

Additional Contacts: (if they would like to be included on the bill)

Name: _____ **Phone Number(s)** _____

FOR BILLING PURPOSES: (If different than address of service)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Closing Date: _____

For the services requested, I agree to pay the City at the rates as prescribed in the effective schedule or schedules in the ordinance of the City as they exist from time to time and as amended, and to comply with the City's Rules and Regulations for such services.

I also agree to be responsible for all services used on said premises until forty-eight (48) hours after notice has been given at the Office of Administration to discontinue services.

I also agree to be responsible for all costs of collection incurred by the City, including collection agencies, court costs and attorneys' fees, to collect my account should it become delinquent.

Applicant Sign or Print: _____ **Date:** _____