MURDALE WATER DISTRICT

8598 Old Highway 13 ~ Murphysboro, Il. 62966 Phone (618)-684-8039

RENTER

APPLICATION FOR WATER SERVICE

NAME:		PHONE:
MAILING ADDRESS: _		
CITY	STATE	ZIP CODE
SERVICE ADDRESS:		
CITY	STATE	ZIP CODE
EMERGENCY CONTAC	T (Other than resident	s – in such case we cannot reach you or other residents)
RELATIONSHIP & PHO	NE NUMBER	
LANDLORD NAME:		PHONE:
In this contract, the Mu	dale Water District of J	ackson County, Illinois, shall be known as "WATER DISTRICT" and
	shall be know	vn as "RENTER".
A PHOTO I.D. WILL BE	REQUIRED OF ALL N	EW CUSTOMERS
final water bill will be de forwarding address suppreaches 75% of their RW	ducted from the deposit blied by the Renter. It is D or \$75.00. The Wate	his application the sum of \$100 for a RWD (Returnable Water Deposit). The transition of the returned to the Renter by the Water District at the understood the Renter will be DISCONNECTED if their account balance or District shall have the right to refuse to reconnect water service until such lefault as set forth herein, and pay a \$50.00 reconnection fee.
District to retain legal co	ounsel to pursue collection	costs incurred by the Water District in the event it is necessary for Water on of sums due it by Customer, to enforce any of the rules, regulations or related to the water service application.
Failure to receive a bill d	oes NOT relieve the cus	stomer of liability to pay or applied late fee.
This application is NOT	transferrable and pertai	ns only to the specific property and applicant described above.
The Customer agrees to	abide by the Ordinances	s of the Water District.
Dated this da	y of	_, 20
(Printed Name)		(Signature)