



CITY OF ROCK ISLAND
1528 Third Avenue
Rock Island, Illinois 61201

APPLICATION FOR WATER/SEWER SERVICE
* RESIDENTIAL PROPERTY *

Service Address: _____ Account #: _____

Owner's Name: _____
First Name M.I. Last Name

Co-Owner's Name: _____
First Name M.I. Last Name

Mailing Address: _____
Address (Number, Street, and Apt. or Suite No.)

City, State, and ZIP Code

Home Telephone: _____ Daytime Telephone: _____

E-mail Address: _____ Soc. Sec. No.: _____

Driver License #: _____ Driver Lic. State: _____

What is your mother's maiden name (security question)? _____

Please answer the following questions by placing a check mark in the appropriate box:

Is this property owner occupied? [Yes] [No] If no, do you want a duplicate bill sent to the tenant? [Yes] [No]

Is this property being sold on contract? [Yes] [No] Is the contract on record with R.I. County? [Yes] [No]

Are you eligible for the senior/handicap discount? [Yes] [No] Date of Birth: _____

By signing this application I acknowledge that the above listed property is subject to all rules and regulations currently in force and any rules or regulations that may be adopted in the future by the City of Rock Island. Additionally, I acknowledge that as owner/co-owner of the above listed property that I am responsible for the payment of all water, sewer, and/or stormwater charges for this property and any delinquent charges that may occur.

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____

For Office Use Only

WSRP [] Recycling [] ACH []
SI RP [] Yard Waste [] Roundup []