LAKESIDE WATER DISTRICT

3384 Dillinger Road; Carbondale, IL 62901
618-457-5547

RENTER
APPLICATION FOR WATER SERVICE

1. NAME: _____ PHONE: _____

    SERVICE ADDRESS: _____

    MAILING ADDRESS: _____

    DRIVER'S LICENSE #: _____ SSN#: _____

    EMAIL ADDRESS (optional): _____

    EMAIL BILL: YES, _____NO_____ ACH WITHDRAW: YES_____NO_____

    LANDLORD NAME: _____ PHONE: _____

    NEAREST LIVING RELATIVE:

    NAME: _____ PHONE: _____

    ADDRESS: _____ CITY: _____ STATE: _____

2. It is understood by the Renter that the present minimum monthly charge is $34.62, which includes a service charge of $18.38 per month and 2,000 gallons of water at the rate of $8.12 per 1,000 gallons, and that this application is <u>NOT</u> transferrable and pertains only to the specific property and applicant described above.

3. The Renter agrees to pay at the time of signing this application the sum of $160 ($150 refundable deposit and a $10 connection fee). The final water bill shall be deducted from the deposit. The remainder of the deposit shall be returned to the Renter by Lakeside Water District at the address supplied by the Renter. Failure of Renter to supply a current address to Lakeside Water District for the purpose of returning any deposit remaining relieves the District of the obligation to ascertain a forwarding address and will cause a forfeiting of the deposit to the Water District 60 days after the date of the last water bill.

4. Fees & Penalties:
    a. 10% or $10.00 minimum penalty will be added to balances if not paid by due date.
    b. $25.00 service charge on all returned checks.
    c. Nonpayment fees for 1st time disconnected is $50.00.
    Nonpayment fees for 2nd time disconnected is $75.00.
    Nonpayment fees for 3rd time disconnected is $100.00.
    The Nonpayment fees will be $100.00 until 12 consecutive water bills have been paid in full.
    d. After service has been disconnected for non-payment, the deposit on the account will be updated to the current requirement and an additional deposit will be due equal to three (3) average monthly bills.

5. Renter agrees to pay all attorney fees and costs incurred by Lakeside Water District in the event it is necessary for Lakeside Water District to retain counsel to pursue collection of sums due to Lakeside Water District by Renter, to enforce any of the rules, regulation or ordinances of Lakeside Water District or any other reason related to this water service application.

6. The processing fee for online payments up to $100.00 will be $3.00. Over $100.00 will be 3% of the total payment affective January 1st, 2019. No cash will be accepted for payments as of January 1St 2019.

7. Failure to receive a bill does not relieve customer of liability to pay or applied late fee.

8. I, _____, hereby request water service. In so requesting, I agree to the terms and conditions as set forth in the above Contract and all the regulations set forth in the Statement of Charges.

    _____ I have received a copy of the Statement of Charges (Please initial)
    _____ I have received a copy of the 2025 Newsletter (Please initial)

    Dated this _____ day of _____, 20_____

    _____   _____
            (Printed Name)   (Signature)

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname."

_____ I do not wish to furnish this information

ETHNICITY:	RACE:	SEX:
____Hispanic or Latino	____White	____Male
____Not Hispanic or Latino	____Black or African American	____Female
	____American Indian or Alaska Native	
	____Asian	
	____Native Hawaiian or Other Pacific Islander	

"This institution, Lakeside Water District, is an equal opportunity provider."

Accepted this _____ day of _____, 20_____ BY: _____
                                                                        Treasurer