

**LAKE SIDE 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 NOT 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 \$200 (\$200 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 1<sup>st</sup> time disconnected is \$50.00.  
Nonpayment fees for 2<sup>nd</sup> time disconnected is \$75.00.  
Nonpayment fees for 3<sup>rd</sup> 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) averaged 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 1<sup>st</sup>, 2019. No cash will be accepted for payments as of January 1<sup>st</sup> 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:**

\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

**RACE:**

\_\_\_\_\_ White  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**SEX:**

\_\_\_\_\_ Male  
\_\_\_\_\_ Female

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

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ BY: \_\_\_\_\_, 20\_\_\_\_\_

Treasurer