# - CITY OF VIRDEN

### APPLICATION FOR WATER SERVICE

101 WEST JACKSON STREET – VIRDEN, ILLINOIS 62690

NAME:		DATE:		
SERVICE ADDRESS:				
PHONE:				
TYPE OF SERVICE: RESIDENTAL				
SEND BILL TO ADDRESS BELOW IF DIFF	FERENT FROM ABOVE AD	DRESS:		
C/O:				
ADDRESS:				
CITY:	STATE:	ZIP COD	E:	
EMPLOYER:				
	LENGTH OF EMPLOYMENT:			
PREVIOUS ADDRESS:		00		
CITY:		¥		
DRIVER'S LICENSE NO:		STATE:		
OTHER RESPONSIBLE PARTY (Over 18):				
EMPLOYER:				
EMPLOYER PHONE:	E:LENGTH OF EMPLOYMENT:			
HAVE YOU AND/OR THE OTHER RESPON WATER DEPT. BEFORE:	NSIBLE PARTY EVER HAD	WATER SERVICE	WITH THE VIRDEN	
YES YES	NO			
ARE YOU: HOME OWNER RENT	TER MOBILE HOME O	OWNER APAR	IMENT TENANT	
IF RENTING, LANDLORD:		PHONE:		
CREDIT REFERENCE 1:				
CREDIT REFERENCE 2:				
OFFICE USE ONLY:				
NAME:	ACCT NO:	RECEIPT NO:	PAID:	

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#### **RULES & REGULATIONS**

THE FOLLOWING ARE THE RULES AND REGULATIONS THAT GOVERN AND REGULATE THE VIRDEN WATER DEPARTMENT'S OPERATIONS AND SERVICES. PLEASE CAREFULLY READ OVER THE RULES AND REGULATIONS BEFORE SIGNING BELOW.

#### THE WATER DEPARTMENT'S HOURS OF OPERATION ARE:

- MONDAY THROUGH FRIDAY, 8:00 AM TO 5:00 PM, EXCEPT FOR CITY HOLIDAYS.
- BILLING FOR THE VIRDEN WATER DEPARTMENT IS FOR THE PREVIOUS MONTH.
- WATER BILLS ARE MAILED THE FIRST OF EACH MONTH.
- PAYMENTS ARE DUE ON OR BEFORE THE 16TH OF THE MONTH.
- IF PAYMENT IS NOT RECEIVED BEFORE 8:00 AM ON THE BUSINESS DAY FOLLOWING THE 16TH, A TEN PERCENT (10%) PENALTY WILL BE APPLIED TO THE BILL. (SHOULD THE 16TH FALL ON A WEEKEND OR HOLIDAY, PAYMENT MUST BE MADE BEFORE 8:00 AM ON THE BUSINESS DAY FOLLOWING SAID WEEKEEND OR HOLIDAY).
- THE WATER DEPARTMENT CONDUCTS SHUT OFFS ON THE 27TH OF EACH MONTH.
- TO AVOID BEING SHUT OFF, YOUR ACCOUNT MUST BE PAID IN FULL INCLUDING THE LATE FEE BY THE END OF THE BUSINESS DAY ON THE 26TH OF EACH MONTH. THERE WILL BE ABSOLUTELY NO EXTENSIONS ALLOWED. THERE WILL BE A TWENTY-FIVE DOLLAR (\$25.00) SHUT OFF FEE. THE SHUT OFF FEE BECOMES IMMEDIATELY DUE AND PAYABLE UPON THE ARRIVAL OF WATER DEPARTMENT PERSONNEL AT A CUSTOMER'S PREMISES TO PERFORM A SHUTOFF. NO WATER SERVICE SHALL BE RENDERED TO A DELINQUENT CUSTOMER UNTIL THE CURRENT BILL, INCLUDING THE LATE FFE AND SHUT OFF FEE HAVE BEEN PAID IN FULL UPON PAYMENT IN FULL, THE WATER DEPARTMENT WILL, AT ITS CONVENIENCE AND DURING REGUALR WORKING HOURS, RESTORE SERVICE TO THE CUSTOMER.
- FOR THE CUSTOMER'S CONVENIENCE, DEPOSIT BOXES ARE LOCATED TO THE RIGHT OF THE FRONT DOOR OF THE CITY HALL AND ALONG THE SIDEWALK ON THE NORTHWEST CORNER OF THE CITY HALL. WHEN USING THE DEPOSIT BOXES, PLEASE MAKE SURE YOUR PAYMENT STUB IS SECURELY ATTACHED TO YOUR PAYMENT.
- A TWENTY-FIVE DOLLAR (\$25.00) INSUFFICIENT CHECK FEE WILL BE ASSESSED TO ANY ACCOUNT IF PAYMENT IS RETURNED FOR INSUFFICIENT FUNDS.

#### **DEPOSITS:**

HOMEOWNER IS REQUIRED TO MAKE A FIFTY DOLLAR (\$50.00) DEPOSIT WHEN ESTABLISHING WATER SERVICE AT ADDRESS. IF THE HOMEOWNER HAS NO LATE FEES OR OTHER PENALTIES, THE DEPOSIT WILL BE REFUNDED AFTER TWELVE (12) MONTHS OF RESIDENCE. IF A LATE FEE OR OTHER PENALTY IS ASSESSED, THE DEPOSIT WILL BE REFUNDED WHEN THE HOMEOWNER MOVES AND THE FINAL WATER BILL IS PAID IN FULL FOR SAID RESIDENCE.

RENTER IS REQUIRED TO MAKE A ONE HUNDRED FIFTY DOLLAR (\$150.00) DEPOSIT WHEN ESTABLISHING WATER SERVICE AT A NEW ADDRESS. THE DEPOSIT WILL BE REFUNDED ONCE THE RENTER MOVES AND THE FINAL WATER BILL IS PAID IN FULL FOR SAID ADDRESS.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE RULES AND REGULATIONS OF THE VIRDEN WATER DEPARTMENT.

SIGNATURE;	DATE:

# STATEMENT OF PURPOSE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The City of Virden complies with Identity Protection Act, 5ILCS 179/1 et seq. which requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the City is collecting and using an individual's social security number.

#### We collect and use social security numbers for one or more of the following reasons:

- Complaint mediation or investigation;
- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Internal verification;

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- Investigation and prevention of fraud, conducting background checks, <u>debt collection</u>, and obtaining credit report from consumer reporting agencies;
- Administrative services;
- Other reasons that would be explained to you at the time we ask for your social security number.

## We will only use your social security number for the purpose for which it was collected. We will not:

- Sell, lease, loan, trade, or rent your social security number to a third party for any purpose;
- Publicly post or publicly display your social security number;
- Print your social security number on any card required for you to access our services;
- Require you to transmit your social security number over the internet, unless the connection is secure or your social security number is encrypted; or
- Print your social security number on any materials that are mailed to you, unless
  State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your social security number.

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	SOCIAL SECURITY NUMBER:
	NAME:
	SIGNATURE:
	ACCOUNT NO