UTILITIES YOU NEED TO HOOK UP

888-789-2477

AMEREN/CIPS

(Apartments are all electric. In case you need it to turn on services, the Identification Affidavit for Ameren is attached here. In some cases Ameren needs this along with 2 forms of ID to turn on services. This form must be notarized before sending it in.)

CARBONDALE WATER 618-549-5302

(Grand Avenue & Park Street Apartments water & sewer services. 2300 S. Illinois Avenue sewer services. In case you cannot physically go to the water department to set up services, we have attached their form to fill out and send in to them.)

SOUTH HIGHWAY WATER 618-529-5313 (2300 S. Illinois Avenue water services. Not needed at any other property.)

MEDIA COM/CABLE (optional)

800-874-2924

DISH NETWORK/DIRECT TV (Strictly Prohibited) (As of 02-21-14 all satellites are strictly prohibited. Any satellite installed after this date will be removed by management at the tenant's expense.)

We like to suggest that you call at least 1 month before your lease is to start and set up for the electric and water to be turned on. When you call ask for these to be turned on at least 3 <u>business</u> days before your lease starts. This is because these companies get very busy turning utilities on and off and they cannot refuse to make your appointment. However, they can get so busy that they do not get to it.



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		Identit	y Verification	n Affidavit		
(1)	My full legal name:	(First)	(Middle)	(Last)	(Jr., Sr., III)	
(2)	My date of birth is:_			()	8 ₆₂	2)
(3)	My Social Security					_
(4)	I am applying for se	ervice at		«		
	City		Sta	teZip	Code	_
(5)	My daytime telepho	one number i	s: ()			
			Signature			
	nder penalty of perjury my knowledge.	/ that the info	prmation I have	provided in th	nis affidavit is true	e and correct to
	(Customer Sig	nature)			(Date)	
Knowingly	submitting false inforr	nation on this	s form could su	bject you to c	riminal prosecutio	on for perjury.
State of Illi	inois, County of		Notary ph	one or email _		
Signed or s	subscribed before me	on(Date	by)	﴾ (Name of p	erson signing ab	ove)
	(Notary Signature)			(Date)	(Sea	l)



City of Carbondale Revenue Office 200 S. Illinois Avenue Carbondale, Illinois 62901 Phone (618) 457-3265 Fax (618) 457-0632 Explorecarbondale.com

WATER, SEWER, REFUSE SERVICE CONNECT INFO & ORDER FORM

The City of Carbondale can provide:

- Water & Sewer Service
- Sewer Service Only (water provided by another water district; refuse service provided by City of Carbondale)

The following water districts serve some locations with water service within City limits. The City provides sewer service to those residential and business units that receive their water service from a water district. You must contact the water district office to receive their water service. If you do not know which provider your dwelling or business unit is serviced by, contact the Water and Sewer Office your landlord or real estate agent before completing this Connection Form.

Local Water Districts

- South Highway Water District (618) 529-5313
- Lakeside Water District (618) 457-5547
- Murdale Water District (618) 684-8039

Other Utilities

- Ameren (Electricity) (888) 789-2477
- Egyptian (Electricity) (618) 684-2143
- Mediacom (Cable/Internet) (800) 874-2924
- Frontier (Phone/Internet) (877) 462-4008

Connection Deposit Amount

A service deposit is required for customers of the City of Carbondale's water and sewer system. To determine your service deposit amount, contact the Water and Sewer Office at (618) 457-3265 and a customer service representative will assist you.

To request a Water, Sewer, Refuse Service Connect, follow these steps:

- 1. Complete the following Connect Order Form
- 2. Attach a copy of a valid photo I.D. (Driver's License or State Issued I.D.)
- 3. Attach a check or money order for deposit amount (Payable to the City of Carbondale) or complete the credit card information
- 4. Attach and sign the completed Agreement for Water/Sewer/Refuse/Recycle Service Form

Questions? Call (618) 457-3265.

Don't forget to disconnect your water and sewer service when you move. All customers will continue to be billed through the date they disconnect service. To cancel service, contact the Water and Sewer Office at (618) 457-3265.

WATER, SEWI	ER, RE	FUSE SER	VICE CON	NECT	ORDER I	OR	М			
Today's Date	Today's Date			Requested Connect Date						
Last Name	First Name									
Social Security Number	Driver's License Number									
Attach a copy of Driver's License or	State II)								
Phone	Date of Birth									
Email										
Address										
Billing Address (if different)										
Landlord/Real Estate Agent Name Number of Tenants				Service Deposit Amount Enclosed						
		FORM OF	PAYMEN	Г						
Check Money Order		Visa		Maste	r Card		Discover			
Credit Card No.		- I		Exp. Da	ate		Amount			
Signature				J						
Fax or mail the completed for	rm wit	h a copy of	your drive	r's licen	se and pa	ymer	nt of deposit to:	:		
	С	Wate P.O. E	Carbondale r Office Box 2947 IL 62902-29	947						
	Fa	x Number:	(618) 457-0	632						
Don't forget to disconnect your continue to be billed through th Water and Sewer Office at (618	e date	they disco								

	I FOR WATER/SEWE			
The undersigned party agrees to The party agrees and understan served, and is not transferable to City of Carbondale's property of	ids that this agreement ap to other premises. The par	plies only to the prem rty further agrees to b	ises described below to be e liable for any damage to the	
Bills are mailed on a monthly b City ordinance as amended, wi does not relieve customer of wa	Il be added to the total bil	I if not paid by the du		
Payments can be made at the C First Mid-Illinois Bank & Trus available to have your water/se and loan, or credit union check Master Card, Discover) or debi	at or online at www.explor ewer/trash/recycle bill paid ting or savings account. B	recarbondale.com. Au d automatically from	atomatic Bank Payment Plan any participating bank, savin	is gs
A service fee, as provided by th has been turned off for non-pay on the undersigned party's bill. money order or cashier's check Check Policy, and may be subj	yment. A \$15 service fee . Restitution for returned c. The undersigned party i	is charged on all retu checks must be subm	rned checks, and will be adde itted by cash, credit card,	
Security deposits are required of applied toward final billing.	on all accounts, as provide	ed by the ordinance a	s amended. The deposit will	be
The undersigned party is respo only be performed by the unde open until the City of Carbond	rsigned party in person or	by telephone verific	ation. The account will remai	n
Upon closing the account, the t billing, deposit or communicat for collection and/or legal actic limited to, attorney fees. The a and ordinances are available at	ion information may be p on. The undersigned party oplicant acknowledges th	rovided. Delinquent a agrees to pay all col at a copy of the City'	accounts may be turned over lection costs, including, but n s current rules and regulation	ot s
I certify that I have read and ur those terms.				by
Date Nar	me			
Service Address				
Phone		Rent	Own	
Email Address				
Signature				
	DOD OTHER	USE ONLY		19921122
Account Number	FOR OFFICE	USE ONLY Receipt Number		