SOUTH HIGHWAY WATER DISTRICT 111 CEDAR CREEK ROAD MAKANDA, IL 62958 (618)529-5313

APPLICATION FOR WATER SERVICE

The undersigned applicant agrees to abide by all Ordinances, Rules and Regulations of the District from time to time existing, understands that a penalty must be paid in addition to any delinquent water bill. Also, the applicant agrees and understands this Application applies only to the premises described below to be served and is not transferable to other premises. The applicant further agrees to be liable for any damage to District's property caused by any person residing on the premises.

The water bills are mailed before the last week of each month. Bills are due on the 10th of the following month. A penalty of 10% will be added to the total bill if not paid by the 10th of the month after date of bill.

Failure to receive bill does not relieve customer of penalty.

Payments can be made at the South Highway Water District's office or First Mid Bank & Trust, 509 S Illinois Avenue Carbondale, II 62901. Automatic Bank Payment plan is available to have your water bill paid automatically from any participating Bank, Savings & Loan or Credit Union checking or savings account, and you can pay your bill on-line with a credit card, VISA, MASTER CARD or DISCOVER via website, shwd.viewmybill.net. You may also pay via telephone by calling 1.855.483.5729 ID Code: 6295811.

A \$75.00 delinquent charge is charged for anyone that is on the disconnect list for non-payment. A \$20.00 service charge is charged on all returned checks. Returned checks must be replaced with cash.

Security deposits are required on all accounts. This deposit is applied toward the final billing. Once a final bill is made, any unpaid balance after 60 days is sent to a collection agency.

Adjustments are not made on water leaks past the meter. Customers are billed for total gallonage that goes through the meter.

APPLICANT ACKNOWLEDGES RECEIPT OF A COPY OF THE DISTRICT'S CURRENT RULES AND REGULATIONS.

By signing, I certify that I have read and understand the above application for water service and agree to be bound by those terms.

	Signed:
	Date: Amount Paid:
	Account:
	Name:
Billing Address (if different than service address)	Address:
	Phone HomeWork
	Cell
	Previous Customer: Yes No
Email address:	Effective Date

Do you want to be notified for a boil water order? Yes No

Send a copy of your Driver's License with application