

**CITY OF ALTAMONT**  
**Municipal Building – 202 North Second Street**  
**ALTAMONT, ILLINOIS 62411**

**JASON D. RIPPETOE – MAYOR**

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**COMMISSIONERS:**

**TAYLER POLK**

Accounts and Finance/Streets and Public Improvements

**MICHAEL R. WALKER**

Public Health and Safety

**COMMISSIONERS:**

**TODD V. SLINGERLAND**

Public Property

**DAN E. MILLEVILLE**

Parks and Cemetery

SARAH STEPHEN, Clerk/Treasurer

**REQUEST FOR WATER SERVICE**

We the undersigned do hereby request the City of Altamont, Illinois, to provide water service at the location as follows:

\_\_\_\_\_

(property address)

\_\_\_\_\_

(customer name)

desires a \_\_\_\_\_ inch water service, at a basic cost of \_\_\_\_\_ dollars plus tax \_\_\_\_\_.

If after inspection of the premises additional costs are applicable, this party will be notified for approval before work is started. By signing this request for water service, the signee becomes liable for the payment of the installation charge, and should payment not be made within 30 days after billing by the City office, said meter shall be removed and water service discontinued; service will not be restored until advance payment of the total cost of service plus \$25.00 penalties has been made to the City office.

BY: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

**CAUTION**

**PLEASE INSTALL A PRESSURE RELIEF VALVE ON YOUR COLD WATER LINE TO YOUR WATER HEATER.**

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Authorization for the installation of water service for:

\_\_\_\_\_

Proceed with installation of a \_\_\_\_\_ inch water service at a cost of \$\_\_\_\_\_ at the following location:

\_\_\_\_\_

After inspection, and before commencing any work, notify the city office if any additional charges appear applicable, and await further approval before installing this service. If no additional charges are applicable, proceed with installation. Return this slip to the City office upon completion of water service.

\_\_\_\_\_ City Clerk

Service Completed \_\_\_\_\_, 20\_\_\_\_\_. Meter # \_\_\_\_\_

Meter Location \_\_\_\_\_ Account # \_\_\_\_\_ Beg'g Reading \_\_\_\_\_

Department Supervisor \_\_\_\_\_