



CITY OF BENTON  
500 W. MAIN / P.O. BOX 640  
BENTON, IL. 62812  
(618)439-6131 / FAX (618)435-2610

## APPLICATION FOR WATER AND SEWER SERVICE (RESIDENTIAL)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Is This a Mobile Home:  Yes  No

Rent  Own

If Renting, Contact for Deed \_\_\_\_\_ Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Owner's Telephone: \_\_\_\_\_

Consumer Deposit Amount: \_\_\_\_\_ Date Deposit Made: \_\_\_\_\_

\$100.00 deposit required for rental, leased or contract for deed properties.

**No deposit required for owner occupied properties.**

Previous Address: \_\_\_\_\_

Has Applicant Had Service with the City of Benton Before?:  Yes  No If Yes, When?: \_\_\_\_\_

Do you owe a previous bill with us?:  Yes  No If Yes, How Much?: \_\_\_\_\_

Maiden Name / Spouse's Maiden Name: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Driver's License #: \_\_\_\_\_

Applicant's State Identification # \_\_\_\_\_

Applicant's Social Security #: \_\_\_\_\_