

CITY OF CANTON WATER DEPARTMENT SERVICE APPLICATION

APPLICANT: _____ BIRTH DATE _____
LAST/FIRST NAME - PLEASE PRINT MM/DD/YYYY

CO-APPLICANT: _____ BIRTH DATE _____
LAST/FIRST NAME - PLEASE PRINT MM/DD/YYYY

NEW ADDRESS: _____
STREET CITY/STATE ZIP

PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP

VALID DRIVER'S LICENSE OR ALTERNATE GOVERNMENT ISSUED PHOTO

Applicant ID#: _____

CO- Applicant ID#: _____

Applicant Social Security Number: _____ - _____ - _____ Phone # _____

Co Applicant SS#: _____ - _____ - _____ Phone # _____

SECURITY QUESTIONS MUST ANSWER TWO OUT OF THE THREE QUESTIONS

WHAT IS YOUR MOTHER'S MAIDEN NAME? _____

WHAT CITY WERE YOU BORN IN? _____

WHAT IS THE NAME OF YOUR FAVORITE PET? _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

WATER CLERK SIGNATURE READ OUT # DATE

NOTE: UPON SIGNING THIS APPLICATION THE APPLICANT IS ACCEPTING RESPONSIBILITY FOR WATER, SEWER, GARBAGE SERVICES AND ALL APPLICABLE FEES BY THE CITY OF CANTON, CANTON WATER DEPARTMENT, 2 N MAIN STREET, CANTON, IL 61520 (309) 647-0288.
ALL ACCOUNTS MUST BE CLOSED IN PERSON; A STATE ID OR ALTERNATE GOVERNMENT ISSUED PHOTO ID IS REQUIRED AT THE CUSTOMER SERVICE COUNTER, 2 N MAIN ST, CANTON, IL 61520.