



CITY OF AURORA ILLINOIS
APPLICATION FOR WATER SERVICE

Office Use Only
Account #: _____
CSR (Initial): _____
Date Completed: ____/____/____

All forms submitted require a valid photo ID for each applicant.

Applicant's First Name: _____ Last Name: _____

Service Address: _____
Street Address City State Zip Code

[] Rent Provide a copy of the lease or rental agreement. (\$100 deposit required)

[] Own Provide a copy of the deed or settlement statement papers.

[] Senior (65 or older) (not applicable for renters)

Applicant's First Name: _____ Last Name: _____

Additional Applicant's First Name: _____ Last Name: _____

Service Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Home Phone Cellular or Alternate Phone Email

A normal billing cycle is approximately 60 days. Failure to receive a bill does not require the city to waive late penalties or preclude service termination.

There will also be a separate bi-monthly sewer bill from the Fox Metro Water Reclamation District. The City of Aurora will forward this information to them so there is no need to contact them regarding new service. If you would like to contact them for any other reason, they may be reached at (630) 301-6881.

In accordance with the existing City of Aurora ordinance, any consumer other than the property owner must place a \$100 deposit for water service. This deposit will be applied toward your final water charges upon vacating of said premises.

A 10% penalty will be added if payment in full is not received by the due date.

If water service is terminated, the customer must pay the outstanding balance in FULL plus a reconnection fee before service is restored.

When the city is unable to read a meter, a bill will be issued based on the account holder's estimated water consumption.

By signing below, I acknowledge that all the information provided is accurate and I have read and understand the above policies.

Signature

Date