



11484 Lake of Egypt Road, Marion, IL 62959

Phone: (618) 964-1380

Fax: (618) 964-9146

APPLICATION FOR SERVICE \$60.00

Fee Paid _____	Acct# _____
Date Paid _____	Tap on Fee Paid _____
Receiving Employee _____	Date Set _____
	Meter Serial # _____

This area to be completed by LEWSD personnel

SERVICE DESIRED:

- Water
- Sewer
- Water & Sewer

FOR:

- Single family dwelling
- Multi Unit Complex (Duplex/Condo/Villa)
- Business
- Other _____

Name _____ Phone# _____

Current Address _____

Address of property where service is desired * _____

Property Description: The following information is needed to help us locate your property on the District's water & sewer maps:

Name of subdivision with lot number &/ or block number, the County in which the property is located, section number, township range, &/or any identifying roads in areas that are not subdivided (This information can be obtained for the deed, abstract, or tax receipt of the property owner.)

Property Description: _____

*** A Map of the property must be drawn on the back of this form. Please show any cross roads, 911 addresses or any other information that will insure proper location of the property requesting water and/or sewer. The map must be signed by the individual requesting service.**

*** All grade work needs to be completed before service installation. Any parts and labor required to bring service up to grade will require additional cost of labor and material to the customer.**

Note: * Lake Egypt Water/Wastewater District will only retain tap fees for four months, after four months it is at the District's discretion to return any fees paid.**

Applicant Signature

Date