

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

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

09/11/25

Applicant's First Name:		Last Name:			
Service Address	::Street Address	City	State	Zip Code	
□Rent	Provide a copy of the signed lease or re	ental agreement. (\$1	00 deposit required)		
Own	Provide a copy of the deed or settlement statement papers.				
☐Senior (65 or	older) (not applicable for renters)				
pplicant's First	Name:	Last Name:			
tate ID or Drive	r's license #(xxxx):				
dditional Applicant's First Name:		Last Name:			
Mailing Address	i				
	Street Address	City	State	Zip Code	
Home Phone	Cellular or Alternate Phone	Ema	il Paperless billing: Yes	No	
normal billing of ervice terminati	cycle is approximately 60 days. Failure to on.	receive a bill does	not require the city to waive late	penalties or preclude	
nformation to th	e a separate bi-monthly sewer bill from them so there is no need to contact them reched at (630) 301-6881.				
	ith the existing City of Aurora ordinance, his deposit will be applied toward your finance.			lace a \$100 deposit fo	
A 10% penalty w	vill be added if payment in full is not recei	ved by the due date			
f water service i estored.	is terminated, the customer must pay the	outstanding balance	e in <u>FULL</u> plus a reconnection fe	e before service is	
When the city is	unable to read a meter, a bill will be issue	ed based on the acc	ount holder's estimated water co	onsumption.	
By signing belov	v, I acknowledge that all the information p	provided is accurate	and I have read and understand	the above policies.	
Signature			 Date		