

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 rer	ntal agreement. (\$10	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: _		
State ID or Drive	r's license #(xxxx):			
dditional Applicant's First Name:		Last Name:		
Mailing Address	:			
	Street Address	City	State	Zip Code
Home Phone	Cellular or Alternate Phone	Email	Paperless billing: Yes	
A normal billing of service terminati	cycle is approximately 60 days. Failure to i	receive a bill does no	ot require the city to waive lat	te penalties or preclude
information to the	e a separate bi-monthly sewer bill from the em so there is no need to contact them reched at (630) 301-6881.			
	rith the existing City of Aurora ordinance, a his deposit will be applied toward your fina			place a \$100 deposit for
A 10% penalty w	vill be added if payment in full is not receive	ed by the due date.		
If water service i restored.	is terminated, the customer must pay the c	outstanding balance	in <u>FULL</u> plus a reconnection	fee before service is
When the city is	unable to read a meter, a bill will be issue	d based on the acco	unt holder's estimated water	consumption.
By signing below	v, I acknowledge that all the information pr	ovided is accurate a	nd I have read and understar	nd the above policies.
Signature	<u>-</u>		 Date	