

Account #: \_\_\_\_\_

**COUNTY OF LAKE  
SPECIAL DISTRICTS ADMINISTRATION  
RENTER WATER SERVICE AGREEMENT**

Renter: \_\_\_\_\_ Phone #: \_\_\_\_\_

Last Name First Name

Alternate Phone Number: \_\_\_\_\_ **Customer to be Billed as of:** \_\_\_\_\_

(DATE)

Service Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner/Manager: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please list all adults in the household listed on lease agreement:** \_\_\_\_\_

\_\_\_\_\_

<p>ACCOUNT HISTORY</p> <p>Have you or anyone living in the household received service with Special Districts before? ( ) YES ( ) NO</p> <p>If Yes: Date of Service _____, Account # _____</p> <p>Service Address: _____</p>
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**The following information is required to complete a water service agreement. This information is confidential to the County of Lake and will be protected at all times:**

DL #: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

In very rare cases, a water break or sewer spill may require that we contact you. If in an emergency & we are not able to reach you at the above listed numbers, who can we contact that may know how to contact you?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

- County of Lake, Special Districts Administration's bills that are not paid within 30 days of the mailing date will have a late fee of \$5.00 or up to 10%, depending on the district, added to the account and a delinquent notice will be mailed. If the bill is not paid by 5 p.m., the day prior to the shut-off date, the service will be shut-off and a shut-off fee (set by ordinance in each water district) will be imposed. You may make payment arrangements prior to the shut-off date.
- **I understand that billing begins from the date of this application until I give a written notice to cancel the account. Should water be used by someone other than myself between the time I vacate the said premises, and the time of my written notice to Special Districts, I am responsible for the bill and agree to pay within 30 days. Calling or notifying Special Districts in person may start the process, but a written notice is required in addition.**
- If the final bill is not paid within 30 days, the account will be sent to a Collection Agency and reported to all credit bureaus.
- The deposit will be held until service is discontinued or the property is purchased. The deposit will be applied towards the last final bill. If credit amount remains, a refund will be issued and mailed to the address provided with the notification. Refund process may take up four to six weeks to get a check.

**This account may be subject to account setup charges or other charges pertaining to turning the water on and off. The charges are all itemized in the ordinances and Rules and Regulations which are posted on the internet or can be provided to you upon request.**

BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS ESTABLISHED BY THE COUNTY OF LAKE FOR THE WATER DISTRICT.

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Receipt Number _____	Deposit Number: _____ Date: _____
Amount: _____	Form 26 Log: _____
Who Paid Deposit: _____	DR & DB: _____
Water On Charge N / Y Date _____	Form29 JE: _____
	Date Closed: _____

Service Request No: \_\_\_\_\_

Read Meter on: \_\_\_\_\_

Name Change Only \_\_\_\_\_