

APPLICATION FOR MUNICIPAL SEWER SERVICE

THE UNDERSIGNED OWNER(S) OF THE PREMISES LOCATED AT:

_____ ANNA, ILLINOIS (HEREIN, "PREMISES") HEREBY APPLY FOR SEWER CONNECTION TO AND SERVICE FROM THE SEWERAGE SYSTEM OF THE CITY OF ANNA, ILLINOIS (HEREINAFTER, "CITY") AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS APPLICATION, THE UNDERSIGNED AGREE(S):

1.) PROVIDE CONTRACTOR INFORMATION:

(All new sewer taps must be completed by a licensed plumber per **Ordinance 2019-04**. The City of Anna Waste Water Foreman is required to be on site during a new sewer tap. Please call Scott Wagner at 815-549-3866 to set up an appointment).

Contractor Name: _____

Contractor Phone #: _____

Contractor Address: _____

- 2.) NOT TO COMMENCE SUCH CONNECTION UNTIL SAID PREMISES HAS BEEN INSPECTED AND APPROVED BY AN AUTHORIZED CITY EMPLOYEE (PRELIMINARY INSPECTION).
- 3.) NOT TO COVER THE CONNECTION TO CITY SEWERAGE SYSTEM UNTIL IT HAS BEEN INSPECTED AND APPROVED BY AN AUTHORIZED CITY EMPLOYEE (FINAL INSPECTION).
- 4.) TO USE THE SEWERAGE SYSTEM, TO PAY FOR CONNECTION UPON REQUEST THEREOF, AND TO PAY THE CHARGES FOR SERVICE, ALL IN THE MANNER AND AMOUNTS FROM TIME TO TIME IN EFFECT AND ESTABLISHED BY THE CITY.
- 5.) TO GRANT TO THE CITY THE RIGHT TO ENTER THE PREMISES FOR THE PURPOSE OF THE ABOVE INSPECTIONS.

SEWER TAP FEE AMOUNT \$500.00 (INSIDE CITY LIMITS ONLY)

APPLICANT(S) SIGNATURE(S): _____

PHONE NUMBER: _____

PRELIMINARY INSPECTION: APPROVED: _____ NOT APPROVED: _____

DATE: _____ AUTHORIZED CITY EMPLOYEE SIGNATURE: _____

FINAL INSPECTION: APPROVED: _____ NOT APPROVED: _____ DATE: _____

AUTHORIZED CITY EMPLOYEE SIGNATURE: _____

AMOUNT PAID: \$ _____ DATE: _____

EMPLOYEE(S) INITIAL(S): _____ DATE: _____

PLEASE ATTACH A PICTURE OF FINAL TAP INSPECTION