

# City of Anna: Application for Utility Services

103 Market Street  
Anna, IL. 62906  
(618) 833-8528 - Phone (618) 833-3933 - Fax

<b>OFFICE USE ONLY:</b>	
Application Completed	<input type="checkbox"/>
Current Bills	<input type="checkbox"/>
Delinquent Bills	<input type="checkbox"/>
Photo ID Attached	<input type="checkbox"/>
Deposit Cash Receipt Attached	<input type="checkbox"/>
PIN #	<input type="checkbox"/>
Security Question	<input type="checkbox"/>
Email Address	<input type="checkbox"/>
Real Estate Closing Statement	<input type="checkbox"/>

Date: \_\_\_\_\_

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

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

Applying as: Residential:  Business:

Applying as: Renter:  Contract for Deed:  Owner-Occupier:  Owner-Lessor:

Utilities Requested: Gas:  Water:  Sewer:  Sanitation:

**CURRENT PHOTO ID AND PROOF OF OWNERSHIP IS REQUIRED.**

**DEPOSIT REQUIRED ONLY FOR RENTER AND/OR CONTRACT FOR DEED PURCHASER, MAY BE MADE VIA CASH OR MONEY ORDER**

Gas Deposit \$ 175.00      Water Deposit \$ 75.00      Gas & Water \$ 250.00      N/A=Owner

*(Note: Deposit(s) are applied to final bills or will be refunded upon proof of ownership being submitted)*

**Billing and Payment Information:** Your utility bill will be printed by the 5<sup>th</sup> of each month and shall be due between 13-18 days after the bill's mailing date for the billing period. Should you not receive a bill, you may call or visit Anna City Hall to determine the balance due on the account. **FAILURE TO RECEIVE A UTILITY BILL DOES NOT RELIEVE THE CUSTOMER OF THEIR OBLIGATION TO PAY THE AMOUNT DUE, PLUS ANY AND ALL LATE FEES/ADDITIONAL FEES INCURRED.**

**General Information:** City hall office hours of operation are Monday thru Friday from 9:00 a.m. to 4:00 p.m. The office is closed Saturday and Sunday. Payments may be made only in the form of check or money order when utilizing the night deposit box, located past our drive-up window for your convenience. Utility bills may be paid by cash, check, money order, direct debit and/or credit/debit card.

**Utility Fees:** You are hereby notified that if the requested utilities are turned off to the service address at the time of this application, a \$10.00 connection charge will be incurred on the initial utility bill for each utility which the customer requests be turned on at the service address. If gas utility service is available at the service address, a base meter charge will appear on each utility bill, regardless of whether gas utility service is turned on or off to the service address. If a customer requests meter(s) be turned off and on for maintenance, the first request will be at no charge to the customer, but additional requests within the same billing period will result in a \$10.00 maintenance request charge per request. If utilities service is disconnected due to failure to pay bill or because of an insufficient funds, or fine violation(s), the customer will be charged a disconnection charge of \$50.00 per each utility service disconnected.

**PLEASE SEE THE "SCHEDULE OF UTILITY RATES, CHARGES, FEES, AND DEPOSITS" FOR ALL APPLICABLE UTILITY SERVICE CHARGES.**

# Renter and/or Contract for Deed Purchaser of the Premises at the Service Address Utility Services Agreement

Name: \_\_\_\_\_

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

Phone Numbers:  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Agreement and Acceptance of Conditions for Service (Renter/Contract for Deed):**

The undersigned hereby requests that the selected utility services be supplied to the premises at the service address listed on the Application for Utility Services, by the City of Anna, Illinois and hereby acknowledges that he/she has been presented with and received a notice concerning buried gas piping in the City of Anna.

By affixing my signature below, **I, the undersigned, hereby agree:** (1) to timely pay all utility bills for my utility service account according to the schedule of rates and policies of the City of Anna, for utilities supplied to the premises at the service address subscribed by me, until such time as I request that said utility services be terminated; (2) Should I fail to comply with this Agreement, or the regulations and policies of the City regulating utility services, the City may terminate utility services to the premises at the service address subscribed by me, by notice of disconnection as prescribed in Anna Ordinance 2020-13; and (3) pay all reasonable legal and attorneys' fees, costs, and expenses, incurred by the City of Anna as a result of my failure to comply with the utility polices and regulations of the City of Anna and this Agreement.

I further acknowledge and agree that future utility services will be denied to the premises at the service address identified hereinabove, until and after any delinquent and unpaid utility bills, late charges, penalties, fees, and/or other charges have been paid in full, and that unpaid charges may create a lien on the real estate at the service address identified hereinabove, pursuant to 65 ILCS 5/11-139-8, and subject to any and all legal collection procedures available to the City of Anna under the laws of the State of Illinois

I have read and fully understand this Application and Agreement and consent to abide by it.

\_\_\_\_\_  
**Signature of Renter/Occupant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Renter/Occupant**

\_\_\_\_\_  
**Date**

# Owner-Occupier of the Premises at the Service Address Utility Services Agreement

Name: \_\_\_\_\_

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

Phone Numbers:  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Union County PIN#: \_\_\_\_\_ Please call 833-8051 to obtain this information.

Emergency Contact Person:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Agreement and Acceptance of Conditions for Service (Owner-Occupier):**

The undersigned hereby requests that the selected utility services be supplied to the premises at the service address listed on the Application for Utility Services, by the City of Anna, Illinois and hereby acknowledges that he/she has been presented with and received a notice concerning buried gas piping in the City of Anna, and further acknowledges and agrees that I have read and fully understand the Application and the conditions upon which utility service may be extended to the premises at the service address.

By affixing my signature below, **I, the undersigned, hereby agree:** (1) to timely pay all utility bills for my utility service account according to the schedule of rates and policies of the City of Anna, for utilities supplied to the premises at the service address subscribed by me, until such time as I request that said utility services be terminated; (2) Should I fail to comply with this Agreement, or the regulations and policies of the city regulating utility services, the City may terminate utility services to the premises at the service address subscribed by me, by notice of disconnection as prescribed in Anna Ordinance 2020-13; and (3) pay all reasonable legal and attorneys' fees, costs, and expenses, incurred by the City of Anna as a result of my failure to comply with the utility policies and regulations of the City of Anna and this Agreement.

I further acknowledge and agree that future utility services will be denied to the premises at the service address identified hereinabove, until and after any delinquent and unpaid utility bills, late charges, penalties, fees, and/or other charges have been paid in full, and that unpaid charges may create a lien on the real estate at the service address identified hereinabove, pursuant to 65 ILCS 5/11-139-8, and subject to any and all legal collection procedures available to the City of Anna under the laws of the State of Illinois.

\_\_\_\_\_  
**Signature of Owner-Occupier**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner-Occupier**

\_\_\_\_\_  
**Date**

# Owner/Lessor/Executor of the Premises at the Service Address Utility Services Agreement

Name: \_\_\_\_\_

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

Phone Numbers:  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Union County PIN#: \_\_\_\_\_ Please call 833-8051 to obtain this information.

Emergency Contact Person:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

The undersigned, as the legal owner of record or executor and/or lessor of the premises at the service address identified hereinabove and in the Application for Utility Services, hereby acknowledge that I have read and fully understand the Application and the conditions upon which utility service may be extended to the premises at the service address. I agree to abide by the terms of this Agreement and the regulations and policies of the City regulating utility services in the City of Anna. I further acknowledge and agree that as the owner of the property at the premises identified hereinabove, I will receive delinquency notices, as provided by Anna Ordinance 2020-13, which will advise and inform me of any unpaid utility bills and any prospective dates of termination of utility services, on and for any rental properties which I own within the City of Anna Utility Service Area. I further acknowledge and agree that notwithstanding in whose name the utility service is registered, ultimate responsibility for the payment of city utility bills shall be deemed to be that of the property owner. I further acknowledge and agree that future utility services will be denied to the premises at the service address identified hereinabove, until and after any delinquent and unpaid utility bills, late charges, penalties, fees, and/or other charges have been paid in full, and that unpaid charges may create a lien on the real estate at the service address identified hereinabove, pursuant to 65 ILCS 5/11-139-8, and subject to any and all legal collection procedures available to the City of Anna under the laws of the State of Illinois

\_\_\_\_\_  
**Signature of Owner/Lessor/Executor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner/Lessor/Executor**

\_\_\_\_\_  
**Date**

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

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

\_\_\_\_\_ I do not wish to furnish this information

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Race: (Mark one or more)

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Non-Discrimination Statement:

The City of Anna is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Please list your email address: \_\_\_\_\_

Please respond to ONE of the following security questions by filling in your response. It is recommended that your response is something that you will be able to recall, but not something too easily guessed, such as simply your name or birth date.

**SECURITY QUESTION**

**YOUR RESPONSE**

Favorite Sport

\_\_\_\_\_

High School Sport Mascot

\_\_\_\_\_

Manufacturer of 1<sup>st</sup> Car

\_\_\_\_\_

Mother's Maiden Name

\_\_\_\_\_

Pets Name

\_\_\_\_\_

User ID

\_\_\_\_\_

Last 4 Digits Social Security #

\_\_\_\_\_

Last 4 Digits Federal ID #

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE TO CUSTOMERS REGARDING BURIED NATURAL GAS PIPING**

This notice is being provided in accordance with Rule 49 CFR.192.16 of the United States Department of Transportation (“DOT Rule”).

In accordance with the “DOT Rule” listed above, the City of Anna is hereby giving notice to all customers who have buried natural gas piping that is not maintained by the City of Anna’s gas department of the following information:

1. If the customer’s buried piping is not maintained, it may be subject to the potential hazards of corrosion and leakage.
2. Buried gas piping should be:
  - a. Periodically inspected for leaks
  - b. Periodically inspected for corrosion if the piping is metallic, and
  - c. Repaired if any unsafe condition is discovered.
3. When excavating near buried gas piping, the piping should be located in advance and the excavation done by hand.
4. Plumbers and heating contractors can assist in locating; inspecting and repairing the customer’s buried piping.

For your guidance in determining whether this notice applies to you, please be informed that in most cases the City of Anna maintains buried gas piping from the main (generally located near the street curb) up to the gas meter on the customer’s premises. In addition, if the piping leaving the meter up to the principal gas utilization equipment is above ground when entering the customer’s premises, this rule does not apply. However, any customer that has any gas lines (secondary lines) such as a garage, BBQ grill, pool, etc....., the above listed precautions should be noted.

**IN CASE OF AN EMERGENCY OR IF YOU SUSPECT A GAS LEAK AND YOU ARE UNCERTAIN AS TO WHETHER THIS NOTICE APPLIES TO YOU, LEAVE THE RESIDENCE/BUSINESS IMMEDIATELY AND CONTACT THE CITY OF ANNA AT 833-8528. IF IT IS AFTERHOURS, A WEEKEND OR A HOLIDAY, CONTACT THE CITY OF ANNA POLICE DEPARTMENT AT 833-8571 OR CALL 9 1 1.**

**City of Anna, Illinois**  
**Schedule of Utility Rates, Charges, Fees, Deposits**  
**2020-2021**

**Base Rates**

Inside Water	\$24.74	up to 2,000 gallons	over 2,000 gallons - \$.86 per 100 gallons
Outside Water	\$31.16	up to 2,000 gallons	over 2,000 gallons - \$.96 per 100 gallons
Inside Gas	\$28.57		
Outside Gas	\$30.57		
Sewer	\$12.81	up to 2,000 gallons	over 2,000 gallons - \$.426 per 100 gallons
Sanitation	\$18.88		

\*Usage rates for all Gas customers are calculated on a monthly basis based upon actual costs\*

**Deposits**

Gas Utility	\$175.00
Water/Sewer/Sanitation Utilities	\$ 75.00

**Disconnection Fees for Non-payment of Utility Bills/Insufficient Checks/Fine Violation(s)**

Gas Utility	\$50.00
Water Utility	\$50.00

**Late Fee**

Delinquent Bills - 12% penalty assessed on balance due

**Maintenance Fees**

1<sup>st</sup> time during billing cycle – no charge  
Any additional time - \$10.00

**Initial Connection Charge**

Gas Utility	\$10.00
Water Utility	\$10.00