| Ci       | ty c | of A | nna | a: |
|----------|------|------|-----|----|
| <b>A</b> | 1.   | 4 •  | c   | ,  |

**Photo ID Attached Deposit Cash Receipt Attached Application for Utility Services** PIN# 103 Market Street **Security Question** Anna, IL. 62906 **Email Address** (618) 833-8528 - Phone (618) 833-3933 - Fax Real Estate Closing Statement Date: Account #: **Service Address: Residential: Business:** Applying as: **Contract for Deed: Applying as: Renter: 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 \$ **100.00** 

Gas & Water \$ 275.00

N/A=Owner

**OFFICE USE ONLY: Application Completed** 

**Current Bills Delinquent Bills** 

(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.

| OFFICE USE ONLY | Initials | Date | Initials | Date | Effective 01/24 |
|-----------------|----------|------|----------|------|-----------------|
|-----------------|----------|------|----------|------|-----------------|

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

| N # '1' A 1 1  | ame:  |  |   |  |
|--|---|--|---|--|
| Mailing Address:   |   | Email Address:   |   |  |
| Phone Numbers:<br>(Home)   | (Work)  | (Cell)   |   |  |
| Emergency Contact Person:  |   |  |   |  |
| Name:  |   |  |   |  |
| Address:   |   |  |   |  |
| Phone Number:  | _   |  |   |  |
| on the Application for Utility Service presented with and received a notice of By affixing my signature below, <b>I</b> , the service account according to the schedat the service address subscribed by m | the selected utility services, by the City of Anna, oncerning buried gas pipere undersigned, hereby tule of rates and policies e, until such time as I results. | es be supplied to the premises at the service<br>Illinois and hereby acknowledges that he<br>bing in the City of Anna.  y agree: (1) to timely pay all utility bills<br>of the City of Anna, for utilities supplied to<br>equest that said utility services be terminate | for my utility the premises d; (2) Should |  |
| terminate utility services to the pren<br>prescribed in Anna Ordinance 2020-13   | nises at the service add; and (3) pay all reasonal  | olicies of the City regulating utility services dress subscribed by me, by notice of discolled legal and attorneys' fees, costs, and expense utility polices and regulations of the City   | connection as nses, incurred              |  |
| hereinabove, until and after any deline<br>have been paid in full, and that unpai  | quent and unpaid utility id charges may create a -139-8, and subject to a   | be denied to the premises at the service add<br>bills, late charges, penalties, fees, and/or<br>a lien on the real estate at the service addr<br>any and all legal collection procedures availa  | other charges<br>ess identified           |  |
| I have read and fully understand this A  | Application and Agreeme   | ent and consent to abide by it.  |   |  |
|  |   | <b>Date</b>  |   |  |
| Signature of Renter/Occupant   |   | 2410   |   |  |

OFFICE USE ONLY \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_ Initials \_\_\_\_\_ Date

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

| Name:   |   |
|---|---|
| Mailing Address:  |   |
| Phone Numbers: (Home)(Work)_  | (Cell)  |
| Email Address:  | _   |
| Union County PIN#:  | Please call 833-8051 to obtain this information.  |
| Emergency Contact Person:   |   |
| Name:   |   |
| Address:  |   |
| Phone Number:   |   |
| on the Application for Utility Services, by the Opresented with and received a notice concerning agrees that I have read and fully understand the extended to the premises at the service address. By affixing my signature below, <b>I</b> , the undersiservice account according to the schedule of rates at the service address subscribed by me, until sucfail to comply with this Agreement, or the regulaterminate utility services to the premises at the prescribed in Anna Ordinance 2020-13; and (3) pays by the City of Anna as a result of my failure to contain the Agreement. | cutility services by supplied to the premises at the service address listed. City of Anna, Illinois and hereby acknowledges that he/she has been buried gas piping in the City of Anna, and further acknowledges and the Application and the conditions upon which utility service may be gned, hereby agree: (1) to timely pay all utility bills for my utility and policies of the City of Anna, for utilities supplied to the premises the time as I request that said utility services be terminated; (2) Should actions and policies of the city regulating utility services, the City may be service address subscribed by me, by notice of disconnection as any all reasonable legal and attorneys' fees, costs, and expenses, incurred the premises at the services address identifies the contributions of the City of Anna and the services will be decided to the premises at the services address identifies. |
| hereinabove, until and after any delinquent and have been paid in full, and that unpaid charges   | services will be denied to the premises at the service address identified unpaid utility bills, late charges, penalties, fees, and/or other charges may create a lien on the real estate at the service address identified subject to any and all legal collection procedures available to the City   |
| Signature of Owner-Occupier   | Date  |
| Signature of Owner-Occupier   | Date  |

OFFICE USE ONLY \_\_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Date

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

| Name:   |   |
|---|---|
| Mailing Address:  |   |
| Phone Numbers: (Home)(Work)   | (Cell)  |
| Email Address:  |   |
| Union County PIN#:  | Please call 833-8051 to obtain this information.  |
| Emergency Contact Person:   |   |
| Name:   |   |
| Address:  |   |
| Phone Number:   |   |
| understand the Application and the conditions of service address. I agree to abide by the terms of utility services in the City of Anna. I further actidentified hereinabove, I will receive delinquent and inform me of any unpaid utility bills and arrental properties which I own within the City of notwithstanding in whose name the utility service bills shall be deemed to be that of the property be denied to the premises at the service address utility bills, late charges, penalties, fees, and/or create a lien on the real estate at the service address | or Utility Services, hereby acknowledge that I have read and fully upon which utility service may be extended to the premises at the of this Agreement and the regulations and policies of the City regulating exhowledge and agree that as the owner of the property at the premises acy notices, as provided by Anna Ordinance 2020-13, which will advise my prospective dates of termination of utility services, on and for any of Anna Utility Service Area. I further acknowledge and agree that fice is registered, ultimate responsibility for the payment of city utility owner. I further acknowledge and agree that future utility services will a identified hereinabove, until and after any delinquent and unpaid other charges have been paid in full, and that unpaid charges may dress identified hereinabove, pursuant to 65 ILCS 5/11-139-8, and les 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  |

OFFICE USE ONLY \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_ Initials \_\_\_\_\_ Date

| Page  |
|---|
| "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 <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , 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                         |

all ce of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

| OFFICE USE ONLY | Initials | Date | Initials | Dat |
|-----------------|----------|------|----------|-----|
|                 |          |      |          |     |

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.

| or birth date.                  |               |  |
|---------------------------------|---------------|--|
| SECURITY QUESTION               | YOUR RESPONSE |  |
| Favorite Sport                  |               |  |
| Name of Elementary School       |               |  |
| Middle Name                     |               |  |
| Mother's Maiden Name            |               |  |
| Pets Name                       |               |  |
| Last 4 Digits Social Security # |               |  |
| 4 Digits Pin Code               |               |  |
|                                 |               |  |
| Signature                       | Date          |  |
| Signature                       | Date          |  |
|                                 |               |  |
|                                 |               |  |
|                                 |               |  |

| OFFICE USE ONLY | Initials | Date | Initials | Date |
|-----------------|----------|------|----------|------|
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#### 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 2023-2024

#### **Base Rates**

| Inside Water  | \$24.74 | up to 2,000 gallons | over 2,000 gallons-\$1.277 per 100 gallons  |
|---------------|---------|---------------------|---|
| Outside Water | \$31.16 | up to 2,000 gallons | over 2,000 gallons-\$1.388 per 100 gallons  |
| Inside Gas    | \$28.57 |                     |   |
| Outside Gas   | \$30.57 |                     |   |
| Sewer         | \$15.50 | up to 2,000 gallons | over 2,000 gallons - \$.473 per 100 gallons |
| Sanitation    | \$20.43 |                     |   |

<sup>\*</sup>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 \$ 100.00

#### 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**

1st time during billing cycle – no charge Any additional time - \$10.00

#### **Initial Connection Charge**

Gas Utility \$10.00 Water Utility \$10.00

#### **Payment Options**

- Cash, Check or Money Order accepted at City Hall. (No cash payments accepted in the night drop box)
- Direct Debit, the utility bill would be withdrawn on the due date out of a checking or savings account. (Must be set up prior to billing month)
- Online, visit cityofanna.org and click on Utility Payments in the upper left-hand corner.