# City of Anna:

103 Market Street Anna, IL. 62906	Deposit Cash Receipt Attached PIN# Security Question Email Address Real Estate Closing Statement Scanned into Locis
Date:	
Account #:	
Service Address:	
Applying as:	Residential: Business:
Applying as:	Renter: Owner-Occupier: Owner-Lessor:
<b>Utilities Requested:</b>	Gas: 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** 

Photo ID Attached

(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 5th 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 \$25.00 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 \$25.00 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 0	1/26
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# Renter and/or Contract for Deed Purchaser of the Premises at the Service Address Utility Services Agreement

Name:					
Mailing Address:	Email Address:				
Phone Numbers: (Home) (V	Work)	(Cell)			
Emergency Contact Person:					
Name:					
Address:					
Phone Number:					
Agreement and Acceptance of Condition The undersigned hereby requests that the son the Application for Utility Services, by presented with and received a notice concepts.	selected utility services be so the City of Anna, Illino erning buried gas piping in	supplied to the premises at the ois and hereby acknowledges n the City of Anna.	s that he/she has been		
By affixing my signature below, <b>I</b> , the uservice account according to the schedule at the service address subscribed by me, use I fail to comply with this Agreement, or the terminate utility services to the premise prescribed in Anna Ordinance 2020-13; and by the City of Anna as a result of my fails this Agreement.	of rates and policies of the antil such time as I request he regulations and policies as at the service address and (3) pay all reasonable leg	e City of Anna, for utilities suy that said utility services be to of the City regulating utility s subscribed by me, by notice gal and attorneys' fees, costs, a	pplied to the premises erminated; (2) Should services, the City may e of disconnection as and expenses, incurred		
I further acknowledge and agree that futur hereinabove, until and after any delinque have been paid in full, and that unpaid thereinabove, pursuant to 65 ILCS 5/11-13 of Anna under the laws of the State of Illi	ent and unpaid utility bills charges may create a lien 9-8, and subject to any and	, late charges, penalties, fees, on the real estate at the serv	, and/or other charges rice address identified		
I have read and fully understand this App	lication and Agreement an	d consent to abide by it.			
Signature of Renter/Occupant	<u></u>	Date			
Signature of Renter/Occupant		Date	<del>-</del>		

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

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

Name:	
Phone Numbers: (Home) (Work)	(Cell)
Email Address:	_
Union County PIN#:	Please call 833-8051 to obtain this information.
Emergency Contact Person:	
Name:	
Phone Number:	
on the Application for Utility Services, by the Copresented 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 undersign service account according to the schedule of rates at the service address subscribed by me, until such fail to comply with this Agreement, or the regular terminate utility services to the premises at the prescribed in Anna Ordinance 2020-13; and (3) pay by the City of Anna as a result of my failure to cothis Agreement.	
hereinabove, until and after any delinquent and u have been paid in full, and that unpaid charges i	services will be denied to the premises at the service address identified inpaid 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 uservice 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 an rental 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 of 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 add	or Utility Services, hereby acknowledge that I have read and fully apon which utility service may be extended to the premises at the f this Agreement and the regulations and policies of the City regulating knowledge and agree that as the owner of the property at the premises by notices, as provided by Anna Ordinance 2020-13, which will advise by prospective dates of termination of utility services, on and for any f Anna Utility Service Area. I further acknowledge and agree that be is registered, ultimate responsibility for the payment of city utility owner. I further acknowledge and agree that future utility services will identified hereinabove, until and after any delinquent and unpaid other charges have been paid in full, and that unpaid charges may ress identified hereinabove, pursuant to 65 ILCS 5/11-139-8, and as 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

"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

Non-Discrimination Statement:

Male Female

Gender:

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 of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.

OFFICE USE ONLY	Initials		Date	Initials		Date
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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		
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

#### 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.

#### <u>City of Anna, Illinois</u> <u>Schedule of Utility Rates, Charges, Fees, Deposits</u> 2025-2026

#### **Base Rates**

Inside Water	\$27.89	up to 2,000 gallons	over 2,000- 100,00 gallons is a rate of- \$1.392 per 100 gallons
			100,100 - 150,000 gallons is a rate of
			\$1.792 per 100 gallons
			150,100 and higher is at rate of \$2.392
Outside Water	\$34.31	up to 2,000 gallons	over 2,000 gallons-\$1.503 per 100 gallons
			100,100 - 150,000 gallons is a rate of
			\$1.903 per 100 gallons
			150,100 and higher is at rate of \$2.503
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	\$22.64		

<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

1<sup>st</sup> time during billing cycle – no charge Any additional time - \$25.00

#### **Initial Connection Charge**

Gas Utility \$25.00 Water Utility \$25.00

#### **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.