



# Curran-Gardner Townships Public Water District

3382 Hazlett Road | Springfield, Illinois | 62707  
217-546-3981 Fax 217/546-0438  
www.customerservice@CurranGardner.com

## NEW CUSTOMER APPLICATION

Please fill out the below information and **return** to Curran Gardner Townships Public Water District by postal mail, fax, e-mail, or dropping off form to our Water District Building. We will also need a copy of a **photo ID** (this can be a Driver's License, State ID, Military ID, Permanent Resident Card, Citizen Card, or Passport).

We require a minimum of \$200.00 for **Renters Deposit**, before putting service in your name. By signing this form the customer authorizes Curran-Gardner Townships Public Water District to deduct payment due for the final bill prior to refunding the deposit.

If purchasing a **New Service Installation**, we require a minimum **1" Service** priced at \$2,500 for installation. A **2" Service** installation is priced at \$5,000. Prices may be higher if the installation requires boring or additional materials. Installation of the pit and or the meter will automatically start the billing for the minimum usage charge. The minimum charge may be found on our website at currangardner.com. The minimum usage charge is billed whether the customer is hooked up to the meter or if the customer has zero usage.

★ ★ Ask about our monthly Automatic Check Handling service to make your bill payments easier and quicker!

TODAYS DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have a pool?  Yes  No

DATE REQUESTING

SERVICE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME(S) of ACCOUNT HOLDER(S) (as it will appear on bill):

\_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Service Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Billing Address (if different):** \_\_\_\_\_

\_\_\_\_\_

Is your Water Service as a:  Renter  Buyer  Service Installation  
I Request a Water Service to be installed

Commercial: X \_\_\_\_\_ Residential: X \_\_\_\_\_

I sign & agree that all above information is accurate: **X**-----  
and agree to the Rules, Rates and Regulations of the CGTPWD provided.

(Please See Reverse Side)



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, ethnicity and sex of 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 all that apply)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

**Sex:**

- Male
- Female

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***For Office Purposes Only:***

Date Entered: \_\_\_\_\_ Account Number \_\_\_\_\_

Water Tap Fee: \_\_\_\_\_ Reconnection Fee Amount: \_\_\_\_\_

Renter Dep. Amt: \_\_\_\_\_ Check Number: \_\_\_\_\_

Services/Rate Code: \_\_\_\_\_

**Business Manager:** \_\_\_\_\_  
Signature Date

