



Curran-Gardner Townships Public Water District

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217-546-3981 Fax 217/546-0438

customerservice@currangardner.com

www.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?

DATE REQUESTING
SERVICE:

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

_____ Social Security Number(s)

Home Ph: _____ **Cell Ph:** _____ **E-Mail:** _____

Service Address:

Billing Address (if different): _____

Is your Water Service as a:

Service Installation

I Request a Water Service to be installed

Type of Service

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)



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

