

SOUTH SANGAMON WATER COMMISSION
Post Office Box 83, New Berlin IL 62670-0083
www.sswc.us

business office: 217-381-5359
water plant: 217-685-6210

NEW RESIDENTIAL CUSTOMER APPLICATION

DATE _____

Name or Names on Account (please print):

Primary Name _____

Second Name _____

Service Address _____

City/ZipCode _____

Renting____ Buying____

Billing Address (if different) _____

City/ZipCode _____

Home Phone _____ Preferred email _____

Primary Cell Phone _____ Work Phone _____

Second Cell Phone _____ Work Phone _____

Primary Place of Employment _____

Second Place of Employment _____

Service Start Date (or estimate) _____

Signature(s) _____

For Statistical Purposes Only (optional):

White, not of Hispanic Origin____ Black, not of Hispanic Origin____

American Indian or Alaskan Native____ Hispanic____ Asian or Pacific Islander____

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1. Completely fill out this form.
 2. Attach copy of Driver's License(s) or Photo ID(s).
 3. Send with tap application form, or within two (2) weeks of beginning new service. If this form is not received promptly, water service may be disconnected until information is provided.