CITY OF ROCK ISLAND

APPLICATION FOR WATER/SEWER SERVICE

NAME: _____PHONE: _____

Email address: _____

Second Contact: _____PHONE: _____

PHYSICAL ADDRESS: _____

MAILING (if different): _____

OCCUPANCY DATE: _____

NAME OF PROPERTY OWNER: _____

PHONE #: _____

I understand that I will be billed on the first of each month for water usage of the previous month and a $10 late fee will be charged if payment is not received by the 20th of each month. There is a one-time $20.00 set-up fee that will appear on my first bill.

Payments can be made Online at WWW.ROCKISLANDWA.GOV, in person, or in our drop box located outside city hall

SIGNATURE_____**DATE**_____

Office use Only

1ST BILLING DATE_____ **ACCOUNT #**_____