

ACCOUNT # _____

DATE: _____

Brighton Municipal Water & Sewer

206 S. Main St. Brighton, IL 62012

618-372-8484 *618-372-8486* Office Emergency Line

Office Hours Monday- Friday 8:00 a.m.- 4:30 p.m.

(Night Drop of South Side of Building)

Bills Can Be Paid by Debit/Credit: www.brightonil.com

Application for Water/Sewer Service

Address of Service:	
Applicant Name:	
Cell Number(s):	
Joint Applicant:	
Mailing Address:	
Employer Name:	
Employer Address:	
Relative (Not Living with you)	
Relative Phone:	

Homeowner / Landlord Info

Landlord Name:	Landlord Signature:
Landlord Phone:	Landlord Address:
Mortgage Holder:	
Mortgage Address:	

I acknowledged and agreed that the undersigned, his heirs, executors, administrators, successors and assigns shall pay all charges for connection and water usage which shall become due as the result of the connecting of the water mains and the furnishing of water service to the above property, and that all such charges and fees for water service rendered to the property, together with penalties, if any, and the costs of collection are to be considered and become a charge against the property, the lien so created to be enforced in accordance with the ordinances of the Village. Each and all of the agreements and covenants herein contained shall run with the real estate above described whose present owner is signatory to this application. **I understand I will pay a deposit of \$120.00**, that will not be refunded (without interest) until my service has ended and all outstanding charges have been paid in full. All bills are due on or before the 23rd day of each month, and if not paid, are subject to a (10%) penalty, **Returned Check, ACH or Auto Draft Fees are \$35.00, Red Tag Notice Fee is \$30 and/or Reconnection Fee of \$100.**

Applicant Signature _____ Date _____

Joint Applicant Signature _____ Date _____

- Check # _____
- Cash _____

**BRIGHTON MUNICIPAL WATER & SEWER
206 S. MAIN STREET
BRIGHTON, IL 62012**

(618) 372-8484 *618-372-8486* Office Emergency Line

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 applicant(s) 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

"This institution is an equal opportunity provider, and employer"

Brighton Municipal Water & Sewer
CROSS-CONNECTION CONTROL SURVEY
RESIDENTIAL

The following form is to be used by water department personnel and/or by customers of the Village of Brighton, public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of water user: _____ Address: _____

Phone number: _____

Residential: (Check all that apply)

Kitchen: Sink Faucet _____ Sink Faucet w/Sprayer _____ Ice Maker _____ Garbage Disposal _____

Other: _____ Other: _____ Other: _____

Comments: _____

Bath: Lavatory _____ Toilet _____ Bathtub _____ Hot Tub _____ Bidet _____

Other: _____ Other: _____ Other: _____

Comments: _____

Other: Boiler heat _____ How Many Boilers? _____

Exterior: Outside faucets How Many? _____ Non-Freezing Type: How Many? _____

Lawn Irrigation System (Portable) _____ Lawn Irrigation System (Permanent) _____

Lawn Fertilizer System _____ Portable High-Pressure Washer _____ Private Wells(s) _____

Is/Are private well(s) physically connected to the water system? Yes _____ No _____

Other: _____

Other: _____

Other: _____

Comments: _____

Brighton Municipal Water & Sewer

CROSS-CONNECTION CONTROL SURVEY COMMERCIAL

The following form is to be used by water department personnel and/or by customer of the Village of Brighton, public water supply. Data from this form may be used to determine if the property should be inspected by a licensed plumber with a CCCDI certification to detect and correct any cross-connections found on the property.

Date survey conducted: _____

Name/Title of person conducting survey: _____

Name of Water user: _____ Address: _____

Phone number: _____

Commercial: (check all that apply)

Lavatory _____ How Many _____

Deep Sinks _____ How Many _____

Boilers _____ How Many _____

Outside Faucets _____ How Many _____

Outside Faucets (Non-freezing) How Many _____

High Pressure Washers _____ How Many _____

Lawn Irrigation Systems (Potable) _____

How Many _____

Lawn Irrigation Systems (Permanent) _____

How Many _____

Lawn Fertilizer Systems _____

How Many _____

Mixing Tanks w/Overhead Fill Lines _____

How Many _____

Watering Troughs _____

How Many _____

Bulk Water Salesman _____

How Many _____

Water-Cooled Air Conditioning System _____

How Many _____

Sitz Baths _____

How Many _____

Fire Protection Systems _____

How Many _____

Embalming Facilities (Mortuaries) _____

How Many _____

Private Well(s) _____

How Many _____

Is/Are private well(s) physically connected to the water system? Yes _____ No _____

Other: _____

How Many _____

Other: _____

How Many _____

Comments: _____

(For Water Department Use Only) After reviewing the data on this form it is my recommendation that:

_____ The plumbing system serving the above-described property should be inspected for Cross-connections by a properly certified plumber/CCCDI inspector.

_____ The plumbing system serving the above-described property does not pose a threat to the public safety and no inspection is ordered.

Dated this _____ day of _____, _____.

Signature/Title of Person Making Above Determination: _____

Brighton Municipal Water & Sewer

Material Inventory

As per Illinois regulation 415 ILCS 5/17.12 a "Material Inventory" is being requested by all water services connected to Brighton Water distribution system. If you own more than one property, you will have to fill out a separate form for each accordingly. (Copy this form if more than one required) or you can go to <https://www.brightonil.com> and go the Quick Links tab then click on the "Material Inventory form" link to print off additional forms.

Name: _____

Address of Service: _____

Where the water line enters into your home through the wall or floor. To the best of your knowledge, place a mark by the material type as indicated. If not listed, please state in the category "Other" and list the material line type.

If you are unsure and would like a representative from Brighton Water to inspect your service line inside your residence, please call the office at 618-372-8484 to make an appointment.

Note: This does not require the digging up or exposing of the water service line

If unknown please make every attempt to know, for the *IEPA* will consider "**Unknown**" as a LEAD service line and will be subject to further actions to be taken. Costing unwarranted time and monies for all.

Water line Material types (place a mark indicating which type):

Copper with lead solder *before* 1983 _____ *after* 1983 _____ Galvanized _____

Plastic (PVC, or Other Types of Plastic) _____ Steel _____

Unknown _____ Lead _____ Other _____

Year House/Structure was Constructed _____

Please return to our office 206 S. Main St. Brighton, IL 62012, either by faxing: 618-372-0190, or returning in the enclosed envelope.

Thank you!

Brighton Water Department