



**City of  
BRAIDWOOD**

141 West Main Street, Braidwood, IL 60408 - PHONE (815) 458-2333 - FAX (815) 458-6074 - [www.braidwood.us](http://www.braidwood.us)

**Water/Sewer/Garbage Service Application**

SERVICE ADDRESS: \_\_\_\_\_

Owner's Name (Please Print): \_\_\_\_\_

Owner's Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Applicant's Previous Address (only if in Braidwood): \_\_\_\_\_

Senior Discount (Age 62):    Yes             No

**I agree to pay all bills and service charges in accordance with City Ordinances. I guarantee that the above information is complete and correct to the best of my knowledge.**

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* A PHOTO ID IS REQUIRED FROM EACH OCCUPANT \*\*\***

This form can be e-mailed to [dgeiss@braidwood.us](mailto:dgeiss@braidwood.us) or delivered or faxed to

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