

ORDINANCE 644; ATTACHMENT "A"
WHEATON SANITARY DISTRICT (WSD)
ANNUAL RESIDENTIAL CERTIFICATION OF SINGLE OCCUPANCY
APPLICATION FOR A REDUCED FLAT-RATE USER CHARGE

In connection with my occupancy of the property described below, I hereby certify that:

1. I am the sole occupant of the property;
2. Water service to the property is via a private well and not via a public utility water supply;
3. I am the owner
I am a renter.

I submit this Certification to Wheaton Sanitary District in support of my request for a reduced flat-rate user charge of three (3) consumption per month, and I understand that:

1. My eligibility for a reduced flat rate requires me to submit to the District every year a Certification of Single Occupancy;
2. A reduced flat rate does not apply to charges accrued prior to my submission of a Certification of Single Occupancy;
3. Any reduced flat rate does not apply to charges until the District approves my eligibility for a reduced flat rate;
4. If my eligibility for a reduced flat rate is approved by the District, the reduced flat rate applies prospectively only beginning with the District's next billing cycle after the District's approval of my application;
5. A reduced flat rate is not transferrable;
6. I must inform the District, in writing, within thirty (30) days of any changes in my ownership and/or occupancy of the property;
7. I may allow occupancy of my property by others e.g., family members, on a temporary basis provided such temporary occupancy does not exceed 30 days;
8. If I misrepresent information to the District or if I fail to report to the District a change in ownership and/or occupancy:
 - a. I will lose my eligibility for a reduced flat rate;
 - b. I will pay the District the difference between the reduced flat rate I paid and the charges otherwise payable;
 - c. I will pay the District a fine of \$25.00 for each month I received a reduced flat rate when I was not entitled to a reduced flat rate.
9. WSD may eliminate or modify the Reduced Flat Rate at any time without notice.

Name: _____

WSD Account #: _____

Property Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date signed: _____

Email to: billing@wsd.dst.il.us; or

Fax to: (630) 668-5536; or

Mail to: P.O. Box 626; Wheaton, IL 60187-0626