

Sewer Service Application  
City of South Beloit  
519 Blackhawk Boulevard  
South Beloit, IL 61080  
Phone: (815) 389-3023 Fax: (815) 389-8830

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APPLICATION FOR SEWER CONNECTION

_____	_____		
(Printed Name of Property Owner)	(Last 4 of SS# or Tax ID #)		
_____	_____		
(Service Address)	(Property Owner's Phone)		
_____	_____	_____	_____
(Property Owner Billing Address)	(City)	(State)	(Zip)
_____	_____		
(Signature of Property Owner)	(Date)		
_____	_____		
Witnessed By	(Date)		

<u>OFFICE USE ONLY</u>	
DATE _____	ACCOUNT # _____ - _____
Property PIN _____ - _____	Lien: Y / N
Previous Unpaid Balances due _____	Lien Release Fee _____
Notes: _____	
The sewer utility reserves the right to deny sewer service when applications are incorrect or incomplete	

Be advised that the City of South Beloit accept no liability from any damage that may result from this area being flooded by the stoppage or back flow of sewers. The building shall be provided with a back flow or sanitary check valve by the owner. Any maintenance on the valve is the property owners responsibility.