



City of Dixon
121 W. 2nd St.
Dixon, IL 61021
Ph. 815-288-3381

Opt-In Form Residential Water Service Line Repair Program

I certify that I am the owner of the property described as the service address below.

The property described below has previously elected to “opt-out” of the Residential Water Service Line Repair Program (the “Program”) and, as of the date of this application, is not currently participating in the same. I understand that by completing and signing this application, I am requesting to be allowed back into the Program, that I have read and understand the relevant Dixon City Code provisions thereof (Title 3, Chapter 8, Section 3-8-20), that I will pay the monthly charge associated with inclusion in the Program, and that the benefits provided to me as a result of my participation in the Program are contingent upon payment of the foregoing monthly charge.

I understand that before acceptance back into the Program, an inspection of the water service line to my property will be performed by personnel authorized by the City of Dixon. If there are any deficiencies after such inspection, the City of Dixon will provide me with notice of the deficiencies. I further understand that the City of Dixon will not be responsible for the repair of any such deficiencies, and that the property will not be eligible for repair pursuant to the Program for any deficiencies existing prior to opting-in to the Program.

After inspection, the City of Dixon will provide me with notice as to the effective date of the property’s inclusion in the Program.

Account number: _____ Service Address: _____

Property owner name: _____ Phone number: _____

Signature: _____ Date: _____

Only forms with original signature will be accepted.

Mail or drop off completed form to: City of Dixon, 121 W. 2nd St., Dixon, IL 61021

-----OFFICE USE ONLY-----

Property inspection date: _____ Property inspector: _____

Property notes: _____

Date property allowed back into program: _____

Rec’d: _____ Reviewed: _____ Attach to acct: _____

Caselle note: _____ UB entry: _____ Original program removal date: _____