Village of BELLEVILLE

WATER/SEWER UTILITY
APPLICATION FOR SERVICE

□ **RENT** **~ or ~** □ **OWN**

Date Service is to Begin: _____

Applicant's Name:_____
First Middle Last

Phone #:_____ Email Address:_____

Co-Applicant's Name: _____
First Middle Last

Phone #:_____Email Address:_____

Service Address: _____

Have you been billed by this utility in the past? □ YES □ NO

Mailing Address (if different from service address): _____

_____

If Renter, Name of Landlord: _____

Landlord's Phone #:_____ Landlord's Email address:_____

Landlord's Mailing Address:_____

Have you had utility service disconnected due to non-payment of bill within the past 12 months? □ YES □ NO

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DATE OF APPLICATION:_____ I/we agree to the following: (Please initial)

_____ 1. I/we agree to give access to my/our meter(s) at all times.
_____ 2. I/we agree to be responsible for all amounts due while service is in my/our name(s).
_____ 3. I/we understand that the bills are due by the 20th of the month. Bills not paid by the due date will be subject to late fees and/or will be sent a disconnection notice and will be subject to termination of service(s).
_____ 4. I/we understand that it shall be my/our responsibility to notify the Utility Coordinator when service is to be terminated or changed from my/our name(s).

Signature:_____ _____
Applicant Co-Applicant

**********FOR OFFICE USE ONLY**********

Date Received: _____ Account #:_____