



WATER APPLICATION (OWNER)

Name of Owner: _____

Co-Owner: _____

Service Address _____ Phone: _____

Billing Address (if different): _____

Last 4 Digits SS #: _____ # of People in Home: _____ DOB _____

Driver's License #: _____ State _____

I/We request water service to begin on _____ and I/We will be responsible for all water/sewer/rubbish service charges while in residence at the above address.

This verifies receipt of information package from the Village of Romeoville and I/We now assume responsibility for water/sewer/rubbish charges for the above address.

Signature of Owner

Date

OFFICE USE ONLY:

Date of Closing: _____ Sent Package: _____

Final Reading: _____ Garbage Log: _____

Date Taken: _____ Acct. Number: _____

Residential Garbage Day is: _____

Return completed application to:

Village of Romeoville
Attention: Water Billing
1050 West Romeo Road
Romeoville, IL 60446
(815) 886-7212