

VILLAGE OF TOLONO

OWNER APPLICATION FOR WATER/SEWER UTILITY SERVICE

A PHOTO ID MUST BE PRESENTED WITH COMPLETED APPLICATION

PLEASE PRINT CLEARLY

APPLICANT	NAME LAST FIRST M.I.		
	SERVICE ADDRESS STREET		
	MAILING ADDRESS STREET/PO BOX CITY STATE ZIP		
	DATE OF BIRTH	MARITAL STATUS	
	SOCIAL SECURITY NO	DRIVER'S LICENSE NO/STATE ID NO	
	PHONE NUMBERS HOME	CELL	
	EMAIL ADDRESS		
	EMPLOYER NAME, ADDRESS & PHONE NUMBER		YEARS EMPLOYED
CO-APPLICANT (IF APPLICABLE)	NAME LAST FIRST M.I.		
	DATE OF BIRTH	MARITAL STATUS	
	SOCIAL SECURITY NO	DRIVER'S LICENSE NO/STATE ID NO	
	PHONE NUMBERS HOME	CELL	
	EMAIL ADDRESS		
	EMPLOYER NAME, ADDRESS & PHONE NUMBER		YEARS EMPLOYED
CREDIT HISTORY	PRIOR WATER COMPANY NAME & PHONE NUMBER		YEARS OF SERVICE
	HAVE YOU OR ANYONE LIVING AT THE RESIDENCE HAD SERVICE WITH THE VILLAGE BEFORE?		
	IF SO, WHEN & UNDER WHAT NAME(S)?		
	HAVE YOU OR ANYONE LIVING AT THE RESIDENCE EVER HAD AN OUTSTANDING BALANCE TURNED OVER TO COLLECTIONS BY THE VILLAGE ?		
OTHER	IN THE EVENT OF AN EMERGENT DISCONNECTION (SEVERE LEAK, NON-PAYMENT, ETC), PLEASE LIST A RESPONSIBLE ADULT TO CONTACT		
	NAME		PHONE

