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 STAT	US		
	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 YE		YEARS OF SERVICE		
	HAVE YOU OR ANYONE LIVING AT THE RESIDENCE HAD SERVICE WITH THE VILLAGE BEFORE?				
	IF SO, WHEN & UNDER WHAT NAME(S)?				
RED	HAVE YOU OR ANYONE LIVING AT THE RESIDENCE EVER HAD AN OUTSTANDING BALANCE				
	TURNED OVER TO COLLECTIONS BY THE VILLAGE ?				
ОТНЕК	IN THE EVENT OF AN EMERGENT DISCONNECTION (SEVERE LEAK, NON-PAYMENT, ETC), PLEASE LIST A RESPONSIBLE ADULT TO CONTACT				
	NAME	PHO	DNE		

	NAME(S) AND AGE(S) OF ALL PERSONS WHO WILL RESIDE AT THIS ADDRESS:						
RESIDENCY	<u>NAME</u> <u>AGE</u>		<u>NAME</u>	<u>AGE</u>			
SERVICE AGREEMENT	I/WE HAVE INSPECTED THE PLUMBING AT THE SERVICE LOCATION IN THIS APPLICATION FOR WHICH I/WE DESIRE SERVICE, AND I/WE ATTEST THAT THE PLUMBING IS IN PROPER OPERATING CONDITION. I/WE AGREE TO BE RESPONSIBLE FOR ALL WATER USED ON SAID PREMISES UNTIL I/WE NOTIFY VILLAGE HALL TO DISCONTINUE THE SERVICE. I/WE FURTHER AGREE THAT THIS APPLICATION MAY BE ACTIVATED OR INACTIVATED ONLY BY THE APPLICANT(S), BY VERBAL OR WRITTEN REQUEST TO VILLAGE HALL. FOR THE SERVICE REQUESTED, I/WE AGREE TO PAY THE VILLAGE OF TOLONO AT ESTABLISHED INTERVALS AS STATED IN THE CODE OF ORDINANCES. I/WE ALSO AGREE TO COMPLY WITH THE VILLAGE'S RULES AND REGULATIONS AS STATED IN THE CODE OF ORDINANCES AND THE WATER/SEWER BILLING POLICIES SET FORTH BY THE VILLAGE BOARD. I/WE UNDERSTAND THAT FAILURE TO MAKE PAYMENT ON SUCH ACCOUNT AFTER TERMINATION OF SERVICE FOR ANY REASON SHALL BE CONSIDERED BREECH OF AGREEMENT, AND WILL RESULT IN THE IMMEDIATE RENDERING OF THE ACCOUNT TO A COLLECTION AGENCY FOR PAYMENT IN FULL, FILING OF A LIEN AGAINST THE PROPERTY OR POSSIBLE LITIGATION. I/WE AGREE THAT IF THE ACCOUNT IS RENDERED FOR COLLECTION ACTION, I/WE WILL PAY ALL REASONABLE COLLECTION AND/OR LEGAL FEES. I/WE FURTHER AGREE THAT MY/OUR SERVICE DEPOSIT MAY BE RETAINED AND APPLIED BY THE VILLAGE TO UNPAID UTILITY BILLS OR ANY INDEBTEDNESS WHATSOEVER TO THE VILLAGE.						
EXECUTION	I/WE HEREBY CERTIFY THAT: 1) WE HAVE READ AND UNDERSTAND THE ABOVE SERVICE AGREEMENT; 2) WE HAVE RECEIVED A COPY OF THE VILLAGE OF TOLONO WATER/SEWER BILLING POLICIES; 3) THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.						
	SIGNED:		DATE:				
	SIGNED:	DATE:					
	EMPLOYEE WITNESS		DATE SERVICE TO BE STARTED	:			
FOR OFFICE USE ONLY							
	SERVICE ADDRESS: PRIOR DELINQUENT ACCOUNT: YES / NO		PRIOR BALANCE DUE: \$				
	DATE OF DEPOSIT: RECEIPT NO:	OF PAYMENT: NTRY COMPLETED ON:					
	DEPOSIT APPLIED TO FINALED ACCOUNT: \$ DEPOSIT REFUNDED TO CUSTOMER: \$		DATE: DATE:				