

VILLAGE OF TOLONO

RENTER APPLICATION FOR 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 LANDLORD NAME, ADDRESS & PHONE NUMBER | | YEARS RENTED FROM |
| | 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 |

