APPLICATION FOR THE VILLAGE OF ST JACOB UTILITIES

Name: _____ **Service Date:** _____

Address: _____

Mailing Address: _____

(Owner or Renter) Owners Name/Address/Phone _____

Are you currently a Village of St. Jacob Utility customer? YES OR NO.

If YES, Date of service: FROM: _____TO: _____

Previous Address: _____

Employed By: _____

1. All bills for the charges are payable on or before the 10th (due date), and if not paid, you will be subject to a ten percent (10%) penalty charge.
2. TERMNATION OF SERVICE: Service will be terminated after 60 days for non-payment: seven (7) day notice will be given prior to termination.
3. **DEPOSIT ON SERVICE**: Must be included with application (cash or check), payable to the **Village of St. Jacob,** to be held interest free until the account is closed.

SIGNED: _____ DATE: _____

EMAIL: _____

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THIS SECTION TO BE COMPLETED BY VILLAGE EMPLOYEE

Application received by: _____

___ $100.00 Water/Sewer/Trash Deposit

___ $100.00 Water Deposit (for water only outside Village Limits)

___ $15.00 Sewer Deposit (only when Village Water not used)

Account No._____

Received $ _____ Cash or Check _____

Reading Date: _____ Reading: _____

Completed by: _____

Date completed:_____