

APPLICATION FOR THE VILLAGE OF ST JACOB UTILITIES

NAME: _____ SERVICE DATE: _____

BUSINESS NAME: _____

LOCATION OF SERVICE: _____

MAILING ADDRESS: _____ PHONE NO: _____

(circle one) OWNER OR RENTER

IF RENTER: _____

OWNER NAME/ADDRESS/PHONE NUMBER

ARE YOU CURRENTLY A VILLAGE OF ST. JACOB UTILITY CUSTOMER?

(circle one) YES OR NO

IF YES, DATE OF SERVICE: FROM _____ TO _____

LOCATION OF SERVICE _____

IF NO, PREVIOUS ADDRESS: _____

PREVIOUS UTILITY SUPPLIER: _____

DRIVERS LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

BANK REFERENCE: _____

EMPLOYED BY: _____

name

address

phone

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. **TERMINATION OF SERVICE:** Service will be terminated after 30 days for non-payment: seven (7) days notice will be given prior to termination. A lien will be placed on the property after 45 days for non-payment.
3. **DEPOSIT ON SERVICE:** Is enclosed, payable to the Village of St. Jacob, to be held interest free until the account is closed.

Signed: _____ Date: _____, 20_____

TO BE COMPLETED BY OFFICE:

Application received by: _____

Utility Deposit:

- \$100.00 Water/Sewer/Trash Deposit
- \$100.00 Water Deposit (for water only outside Village Limits)
- \$15.00 Sewer Deposit (only when Village water is not used)

Account No. _____

Received \$ _____ Cash or Check No. _____

Reading Date: _____ Reading: _____

(make a copy of check and attach to form with deposit slip/receipt)

Completed by: _____

Date completed: _____