

APPLICATION FOR WATER SERVICE
FROM THE VILLAGE OF STANFORD

Last Name: _____

First Name: _____ Middle: _____

Date of Birth: _____

Social Security #: ____ - ____ - ____

Mother's maiden name: _____ (will be asked to verify information over the phone)

Address: _____

P.O. Box: _____

Phone Number: _____

E-mail address: _____

Date to start service: _____

Do you own _____ or rent _____

If you rent, please complete the following:

Owner's name: _____

Address: _____ Phone: _____

There is a \$50.00 deposit required, made payable to the Village of Stanford. The deposit is refunded when service is terminated.

If you have an indoor meter, water meter readings are to be taken every month and submitted to the Village of Stanford.

The current meter reading is _____ . 0

Agreement to Pay Water Bills:

The undersigned applicant hereby agrees to pay all water service charges incurred in the use and utilization of the property described in the foregoing paragraph pursuant to the applicable Chapter of the Stanford Municipal Code concerning the same.

Effective Date:

This application is effective on the following date and shall continue to be force and effect until notice is given to the Village Clerk/Collector to terminate water service to the aforesaid described service location.

This application is made this _____ day of _____, 20____.

Signature: _____

Instructions for use: The document should be filled out and signed by the applicant for water service.

Please return with a check for \$50.00 to the Stanford Village Hall or mail to:

Village of Stanford

P.O. Box 266

Stanford, IL. 61774-0226