



Application for Water/Sewer/Refuse Service

OWNER:

Closing Date _____ Service Address _____

Owner's Name _____ (Please Print)

Owner's Bill To Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

RENTER:

Move in Date _____

Renter's Name _____ (Please Print)

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Applicant's Previous Address (only if in Village) _____

(Renter must also provide owner information)

I agree to pay all bills and service charges in accordance with Village Ordinances. I guarantee that the above information is complete and correct to the best of my knowledge.

Signature _____ Date _____

This form, along with a copy of a driver's license or state issued ID card, can be e-mailed to ahale@vil.shorewood.il.us or delivered or faxed to:

Shorewood Municipal Utilities
One Towne Center Blvd.
Shorewood, IL 60404
Phone – (815)725-2150 X32/Fax – (815)741-7715