

**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 10<sup>th</sup> (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: \_\_\_\_\_

EMAIL