APPLICATION FOR THE VILLAGE OF ST. JACOB UTILITIES

NAME: _____ SERVICE DATE: _____

LOCATION OF SERVICE: _____

MAILING ADDRESS: _____ PHONE NO: _____

EMAIL ADDRESS: _____

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

Are you currently a Village of St. Jacob Utility Customer? (Circle One) Yes or No

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

EMPLOYED BY: _____

All charges for monthly bills are payable on or before the 10th each month, and if not paid, you will be subject to a ten percent (10%) penalty charge.

TERMINATION OF SERVICE: Service will be terminated after 60 days of non-payment, seven (7) days' notice will be given prior to termination.

SHUT OFF/ RECONNECT FEE: $50.00

If the customer requests reconnection outside of regular business hours (7:00 am to 3:00 pm) then an additional fee of $200.00 will be charged and owed. (per ordinance 25-638)

DEPOSIT ON SERVICE: Is 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: _____

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 No. _____

Reading Date: _____ Reading: _____

Completed By: _____ Date: _____