



VILLAGE OF
HAMEL
ILLINOIS

NEW WATER SERVICE

CUSTOMER INFORMATION FORM

For Office Use Only

DATE: _____ ACCT NO: _____

PRIMARY ACCT HOLDER

FIRST: _____ MI: _____ LAST: _____

SECONDARY ACCT HOLDER

FIRST: _____ MI: _____ LAST: _____

PROPERTY ADDRESS: _____ P.O. BOX: _____

BILLING ADDRESS: *(if different than above)* _____

POSSESSION DATE: _____

EMAIL ADDRESS: _____ E-BILLS? ☐ YES ☐ NO

DRIVERS LICENCES NO.: _____

PHONE: *(check box for primary)*

☐ HOME: _____ ☐ MOBILE: _____ ☐ OFFICE: _____

MASS MESSAGING OPT-IN: *(alerts and community notices via recorded message)* ☐ YES ☐ NO

REQUIRED DEPOSIT - \$150 *(check or cash only)*

☐ CASH ☐ CHECK NO.: _____ DATE: _____

☐ OWN ☐ RENT *(if renting, please provide following information):*

LANLORD NAME: _____

ADDRESS: _____

PHONE: _____

CUSTOMER SIGNATURE

DATE

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DISCONNECTION DATE:

FORWARDING ADDRESS:

END. READ _____