VILLAGE OF HAMEL ILLINOIS

NEW WATER SERVICE
CUSTOMER INFORMATION FORM

BUSINESS NAME
COMPANY: _____

CONTACT PERSON
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**

UPDATED 7/14/2023