

Village of Alpha Water Department

OFFICE USE ONLY

Account Number: _____

Receipt Number: _____

Date Received: _____

Sign Up Form

Utility Service Application – Owner(s)

Please complete this application and bring it to Village Hall, 102 South 2nd Street, **with two forms of identification**, within **10 days** of closing. Village Hall hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Service Address _____ Closing Date _____

Occupant Name _____ Date of Birth _____

Bill to Address (if different) _____

Home Phone _____ Cell Phone _____

E-mail (voluntary) _____

Employer _____ Employer's Phone _____

Employer Address _____

Previous Address _____

Number of years at previous address _____ Current number of household members _____

This property will be:

Owner Occupied Rental Property Rehabbir Property Commercial

Mail Bill to: Owner Tenant (Note: Billing Renters/Tenants requires an additional form.)

I hereby request service from the Village of Alpha, Alpha, Illinois. I understand that services include water, wastewater as applicable:

I understand that bills are sent out at the end of each month for water and sewer and that **payment is due 20 days after mailing** after which a **\$25 penalty** is added to the amount due.

I further understand that service shall be terminated if my bill is not paid by 30 days after mailing and that a \$50.00 turn-on fee will be added to the amount due.

I agree to pay a deposit of \$ 25.00 for water/sewer. I understand that I will be responsible for all collection fees, attorney fees, court costs and other related charges to the terms of this Agreement.

Signature _____ Date _____

If you have any questions, please call (309) 629-9881 or

Email- villageofalpha@gmail.com