

**Village of Alpha  
Water Department**

OFFICE USE ONLY

Account Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

*Sign Up Form*

**Utility Service Application – Renter(s)**

Please complete this application and bring it to Village Hall, 102 South 2<sup>nd</sup> 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 \_\_\_\_\_ Lease 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 \_\_\_\_\_

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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](mailto:villageofalpha@gmail.com)**