



VILLAGE OF
HAMEL
 ILLINOIS

NEW WATER SERVICE

CUSTOMER INFORMATION FORM

DATE: _____
ACCT NO: _____

PRIMARY: FIRST NAME: _____ MI: ____ LAST NAME: _____

SECONDARY: FIRST NAME: _____ MI: ____ LAST NAME: _____

PROPERTY ADDRESS: _____ P.O. BOX _____

BILLING ADDRESS: _____

POSSESSION DATE: _____ BEG READING: _____ END READING: _____

EMAIL ADDRESS: _____

DRIVERS LIC #: _____ ST: _____ EXP: _____

PHONE NO. — HOME: _____ CELL: _____ WORK: _____

\$150 DEPOSIT YES NO CASH CHECK #: _____ DEPOSIT DATE: _____

OWN RENT (If renter, please provide the following information):

LANDLORD NAME: _____

ADDRESS: _____

PHONE NO: _____

 CUSTOMER SIGNATURE

 DATE

DISCONNECT DATE: _____ FORWARDING ADDRESS: _____

REGISTERED TO VOTE: YES NO

RECEIVED WELCOME BASKET: YES NO