



Village of Carol Stream

WATER SERVICE AGREEMENT

Service Address: _____ **Date Occupied:** _____

Name of Resident: _____ **Home Phone:** _____
(Please print)

Billing Address: (If different than above) _____ **Work Phone:** _____

The undersigned hereby accepts liability for all charges for water and/or sewer service and other charges in connection thereof for the above mentioned premises **UNTIL A FINAL WATER METER READING HAS BEEN TAKEN BY THE VILLAGE.**

Signature: _____

(To be completed by Owner)

Owner's Name: _____

Address: _____

City/State/Zip: _____ **Phone:** _____

As owner of the above mentioned property, I shall be jointly and severally liable to pay for the service on above mentioned premises, and the service is furnished to the premises by the Village only upon the condition that the owner of the premises, occupant and user of the service are jointly and severally liable therefore to the Village. (Carol Stream Village Code, 13-3-19)

Signature of owner: _____ **Date:** _____

PLEASE COMPLETE AND RETURN PROMPTLY - THANK YOU

Village of Carol Stream
500 N. Gary Avenue • Carol Stream, IL 60188-1899
630/871-6222 • FAX: 630/665-7058

(Office Use Only)

Date Received: _____ **Date account was updated:** _____

Processed by: _____