



## COMMERCIAL APPLICATION

Move In Date: \_\_\_\_\_

Name of Business \_\_\_\_\_

Service Address \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Total number of: Units in building: \_\_\_\_\_ Occupied units in Building \_\_\_\_\_

Name of Manager on Premises: \_\_\_\_\_

Type of Business: \_\_\_\_\_ FED ID#: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LANDLORD INFORMATION:

Owner of Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please attach a copy of your Lease Agreement**

Note: Deposits shall be required of businesses applying for water service. Deposits shall be based upon one month's average usage for the type of business.

**Deposit Due \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_**

I/We request water service to begin on \_\_\_\_\_ and I/We will be responsible for all water, sewer and miscellaneous charges incurred by this account.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Return completed application to:**

Village of Romeoville

Attention: Water Billing

1050 West Romeo Road | Romeoville, IL 60446

Phone: (815) 886-7200

Email: [waterbilling@romeoville.org](mailto:waterbilling@romeoville.org)