



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