



VILLAGE OF MELROSE PARK
Office of the Water Department
1000 N 25th Avenue Melrose Park IL 60160
Phone: 708-343-4000 Ext. 4435 E-Mail: RV@melrosepark.org

Form 4000 (PLEASE PROVIDE A COPY OF OWNER(S) ID)

APPLICATION FOR WATER SERVICE

I/We agree to keep water meter in repair at all times and if in the opinion of the Water Department said meter cannot be repaired, I/We agree to furnish a new one. The decision of the Water Department shall be final.

I/We agree to abide by the rules and regulations of the Water Department, and to pay the bills when due. I/We understand that failure to pay the bill will result in water being discontinued, and a fee of \$100.00 will be charged prior to restoration of service and water lien placed against property until bill is paid.

ALL FIELDS MUST BE COMPLETED

Property Owner Information (Please print)

Name(s) on property deed: _____

Service Address: _____

Mailing Address: _____
 (if different than service address)

Business Name(Commercial account): _____

Business Phone(Commercial account): _____

Home Phone: _____ Cellular Phone: _____

E-Mail(s): _____

Number of Units: _____ (ex: single family home, 2-flat, 3-flat, etc.)

(Emergency Contact Must be Different than Person/Persons Listed Above)

Emergency Contact Name: _____

Address: _____

Phone: _____

Relationship to Owner: _____

Property Owner Signature: _____ Date: _____