Village of Hanover Park
WATER SERVICE APPLICATION

Name	**Service Start Date** / /	**Owner Date of Birth** / /

( )
Cell Phone Number **DL/FEIN**

E-Mail: _____

Service Address: Street Number	Street Name	Hanover Park IL 60133 City State Zip Code
Mailing Address: Street Number	Street Name	City State Zip Code
Secondary Owner's Name	( ) **Cell Phone Number**	( ) **Work Phone Number**

RULES AND REGULATIONS GOVERNING WATER SERVICE

SERVICE CHARGE: There is a $18.50 monthly service charge.

BILLING: All charges for use of the water system are payable upon receipt of water bills with a 20-day grace period for payment. Bills are rendered monthly. Bills are calculated based on metered usage. The owner of the premises and the occupant thereof and the user of the services shall be liable for the payment of all charges for services.

PENALTIES: The following penalties are applicable to unpaid water bills:

1. After twenty-one (21) days from the bill date, a penalty of ten (10) percent charge will be assessed.
2. After thirty-four (34) days from the bill date, a fifty (50) dollar termination charge will be assessed.

TERMINATION OF WATER SERVICE: Termination of water service may result because of non-payment of a bill thirty-four (34) days past the billing date, payment of a bill by check not honored by the payer bank and/or failure to comply with any of the ordinances governing the use of Village water service. Payment of all outstanding account charges is required prior to restoring service. Payments received after 3:00 pm may result in up to 24 hours to have the service reinstated. To reinstate service the customer shall comply with the ordinance's governing the specific situation.

THE RULES AND REGULATIONS GOVERNING WATER SERVICE ARE SUBJECT TO CHANGE BY THE VILLAGE BOARD.

AGREEMENT: I accept all provisions of, agree to abide by and agree to comply with all the ordinances governing the use of Village Water and Sewer service and understand failure to comply may result in the termination of Water and Sewer service. **I certify that the information I have provided is true and correct**.

Date _____ **Signature** _____

Date _____ **Signature** _____