



PO Box 358
Greenview, IL 62642
Phone: 217-968-7016/Fax: 217-955-1016
Email: gviewclerk@gmail.com
Website: thevillageofgreenview.com

WATER SERVICE APPLICATION

SERVICE START DATE: _____

CUSTOMER NAME: _____ PHONE #: _____

SERVICE ADDRESS: _____ DRIVERS LICENSE #: _____

BILLING ADDRESS: _____
(if different than service address)

DO YOU OWN/RENT (circle one) LANDLORD NAME: _____

LANDLORD ADDRESS: _____ LANDLORD PHONE #: _____

- Any new account with a completed application along with the required deposit received after 1:00 pm will be scheduled to have water connected the following business day.
- Deposits will be refunded once a forwarding address is submitted. Any outstanding charges will be withheld from the deposit and any remaining balance will be mailed out within 30 days of final meter reading.
- I am requesting water service at the above address. I agree to follow and abide by all rules for utility service and pay charges in effect as stated on each monthly bill.
- I am also responsible for making sure that all faucets are turned off in the home before the service is established. The Village of Greenview is not liable for damages caused by water faucets left on.
- I understand that non-payment of my account by the due date will result in discontinuation of service, and a reconnect fee of \$100 will apply. Any discontinuation of service will not be reconnected until the following business day if after 1:00 pm.
- Payments can be made at the above address, on-line, or automatically withdrawn from a checking account (see attached sheet for payment methods)

Signature: _____ Date: _____

For Office Use

Deposit Amount \$ _____ Date: _____ Method: _____ Entered: _____

Police Department/106 E Washington
217-968-5314

President: Kevin Curry
Clerk: Monica Brumm
Treasurer: John Holt

Water/Maintenance Department/145 E Adams
217-968-7016

Trustees: Sarah Heavner, Patrick Feagans
Norman Hofmann, Roy Lee
Raymond VanCleve, Joseph Wohler