

CITY OF GALENA, ILLINOIS



Application for Utility Service

Name to appear on bill: _____
Last First M.I.

Last First M.I.

Address (where service is requested): _____
City State Zip

Mailing Address (if different than service address): _____
City State Zip

Phone #: _____ Employer: _____

Date of Birth or Date Business Created: _____

Driver's License/Government Issued ID: _____ State: _____

Date Service Requested: _____ / _____ / _____ Property type: Purchased Rented

If renting:

Lease date start: _____ / _____ / _____ Lease date end: _____ / _____ / _____

Landlord's Name: _____ Landlord's Address: _____

Landlord's Phone #: _____

Please Note: It is your responsibility to notify the City 30 days prior to moving. You are responsible for all charges incurred while services are in your name. In the event that the City of Galena would have to commence legal proceedings against you to collect unpaid monies, you will be responsible for any legal fees, court costs and sheriff's costs.

Failure to complete this form may jeopardize your service. Automatic payment methods are available at no charge. Please ask for additional information.

Applicant's Signature

Date