

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



Application for Service

Date Service Requested: _____

Service Address: _____

Property type: Purchased Rented Lease date start: ___/___/___ End: ___/___/___

Name(s) as they should appear on bill:

Last Name	First Name	Middle Initial

Mailing Address:

Address	City	State	Zip

Phone #: _____ Employer: _____

Date of Birth or Date Business Created: _____

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

Would like paperless billing? Yes No If Yes, Email address: _____

Would you like information on automatic payment methods? Yes No

Subscribe to CodeRed Emergency Notification System: Yes No

If yes, provide phone carrier: _____

If renting, please provide:

Landlord Name	Mailing Address	Telephone #

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.**

Please return completed form to utilities@cityofgalena.org.

Applicant's Signature

Date