

Village of
Thayer

APPLICATION FOR WATER SERVICE

214 East Main St.

— Thayer, Illinois 62689

NAME: _____

NAME: _____ DATE: _____

SERVICE ADDRESS: _____ PHONE: _____

TYPE OF SERVICE: RESIDENTIAL COMMERCIAL INDUSTRIAL

SEND BILL TO ADDRESS BELOW IF DIFFERENT FROM ABOVE ADDRESS:

C/O: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER: _____

EMPLOYER PHONE: _____ LENGTH OF EMPLOYMENT: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____

SPOUSE'S NAME (IF APPLICABLE): _____

SPOUSE'S EMPLOYER: _____

EMPLOYER PHONE: _____ LENGTH OF EMPLOYMENT: _____

HAVE YOU AND/OR YOUR SPOUSE EVER HAD WATER SERVICE WITH THE **Thayer** WATER DEPT. BEFORE?

YES

NO

ARE YOU: HOME OWNER RENTER MOBILE HOME OWNER APARTMENT TENANT

IF RENTING, LANDLORD: _____ PHONE: _____

Previous service & name it was under _____

Date of _____

Deposit/amount _____

ACCT. NO. _____

OFFICE USE ONLY