



At the Heart of Community

FINANCE DEPARTMENT

70 East Main Street
Lake Zurich, Illinois 60047

(847) 438-5141
WaterBilling@LakeZurich.org

UTILITY BILLING ACCOUNT APPLICATION

PROPERTY SERVICE ADDRESS

Street Address:		Unit #:
City:	State: IL	Zip:

PROPERTY OWNER

Name (Last, First):	Home Phone:
Email:	Cell Phone:
Previous Lake Zurich Utility Billing Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Phone:
Mailing Address (if different):	Unit #:
City:	State: Zip:

“Can we sign you up for the free official Village e-newsletter, *Benchmarks?*” YES NO

OCCUPANCY INFORMATION

Date to Start Service:	Is this property <input type="checkbox"/> Owner Occupied or <input type="checkbox"/> Rental?
IF RENTAL PROPERTY*	
Tenant Name (Last, First):	Tenant Phone:
Party to be billed: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Tenant Email:

*Pursuant to Village regulation, the property owner and any tenants are jointly liable and agree to pay the Village of Lake Zurich as prescribed in the effective Village rate schedules and to comply with all applicable Village ordinances related to water and sewer matters.

IDENTIFICATION AUTHENTICATION

Primary Account Holder			
Name (Last, First)	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID	<input type="checkbox"/> Passport
Last four digits of government issued ID:			
Additional Authorized Parties (Optional)			
Name (Last, First)	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID	<input type="checkbox"/> Passport
Last four digits of government issued ID:			
Name (Last, First)	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State ID	<input type="checkbox"/> Passport
Last four digits of government issued ID:			

AGREEMENT

I hereby certify that the information provided is complete and accurate to the best of my knowledge. I/We understand and agree to the above conditions, which will remain in force until the Village receives written notice to terminate the above service.

Account Holder Signature: _____	Date: _____
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INTERNAL USE ONLY

Date Application Received: _____ ID Verified by Staff: _____ Processed: _____