

CITY OF BRAIDWOOD
141 W MAIN STREET
BRAIDWOOD, IL 60408

UTILITY BILLING FORM

PROPERTY ADDRESS _____

PROPERTY OWNER _____

ADDRESS _____

CITY/STATE/ZIP _____

OWNER PHONE _____

AS THE OCCUPANT I UNDERSTAND THAT THE CITY OF BRAIDWOOD IS ONLY OBLIGATED TO THE PROPERTY OWNER AND WILL HONOR ANY REQUEST MADE BY OWNER TO TERMINATE WATER/SEWER/ GARBAGE SERVICES.

OCCUPANT SIGNATURE _____

OCCUPANT'S PHONE _____

DATE MOVED IN: _____

AS THE PROPERTY OWNER I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR PAYMENT OF THIS WATER/SEWER/GARBAGE BILL. AS A COURTESY THE CITY OF BRAIDWOOD WILL SEND A COPY OF THE BILL TO THE OCCUPANT. HOWEVER SHOULD THE BILL BECOME DELINQUENT THE WATER WILL BE SHUTOFF AND I, AS THE PROPERTY OWNER, WILL BE LIABLE FOR THE DELINQUENT BILL.

OWNER'S SIGNATURE _____

DATE _____

*A PHOTO ID IS REQUIRED FROM EACH OCCUPANT

**NEW RESIDENTS HAVE 30 DAYS TO PURCHASE A CITY STICKER BEFORE A LATE CHARGE OR A TICKET IS ISSUED

**CITY OF BRAIDWOOD
141 W. MAIN STREET
BRAIDWOOD, IL 60408
PHONE 815 458-2333 - FAX 815 458-6074**

UTILITY BILLING NEW ACCOUNT FORM

HOMEOWNER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

SIGNED _____

DATE _____

A PHOTO ID IS REQUIRED

COPY FOR OUR RECORDS