



# Village of Burr Ridge

7660 County Line Rd

Burr Ridge, IL 60527

## REGISTRATION FOR WATER SERVICE

**\*\*\*PLEASE PROVIDE COMPLETE INFORMATION.\*\*\***

**Please Print**

Service Address:

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Billing Address:

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**Service Start Date:**

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Home Phone:

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**Occupant 1 Name:**

Mr / Ms / Dr

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Employer's Name:

---

Employer's Address:

---

Employer's Phone:

---

**Cell Phone:**

---

**Email address:**

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**Occupant 2 Name:**

Mr / Ms / Dr

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Employer's Name:

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Employer's Address:

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Employer's Phone:

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**Cell Phone:**

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**Email address:**

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**If this is Rental Property please provide the following information:**

Owner's Name:

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Owner's Address:

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Owner's Phone #

---

Owner's Cell #

---

Signature

---

ID Verified By:

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Account #

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