VILLAGE OF RIVERDALE

157 West 144th Street
Riverdale, IL 60827-7587
(708) 841-2200 • Fax (708) 841-7587

WATER SECURITY DEPOSIT

PLEASE FILL OUT COMPLETELY
AND RETURN WITH $_____.00 DEPOSIT

OCCUPANCY DATE: _____

- ☐ OWNER OCCUPANCY
- ☐ NON-OWNER OCCUPANCY
- ☐ REHAB

ACCOUNT # _____

APPLICATION DATE: _____

SERVICE ADDRESS: _____

OWNER'S NAME: _____ PHONES: HOME: _____ WORK: _____ CELL: _____

OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ OWNER'S DR. LIC. #: _____

OWNER'S EMPLOYER _____ PHONE #: _____

OWNER'S EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TENANT'S NAME: _____ PHONE #: _____

PHONES: HOME: _____ WORK: _____ CELL: _____ TENANT'S DR. LIC. # _____

TENANT'S EMPLOYER: _____ PHONE #: _____

TENANT'S EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

VILLAGE ORDINANCE REQUIRES THAT A SECURITY DEPOSIT OF A MINIMUM OF ~~ONE HUNDRED FIFTY DOLLARS~~ ($150.00) 165.00 MUST BE PAID IMMEDIATELY UPON RECEIPT OF THIS NOTICE OR WATER SERVICE WILL BE DISCONTINUED. **~~A ONE HUNDRED~~ ($10.00) DOLLAR CHARGE FOR DISCONNECTION AND A ~~ONE HUNDRED~~($10.00) CHARGE FOR RECONNECTING SERVICE WILL HAVE TO BE PAID BEFORE SERVICE WILL BE RESTORED.** SERVICE WILL BE RESTORED WITHIN TWENTY-FOUR (24) HOURS AFTER PAYMENT IS RECEIVED.

THIS DEPOSIT IS PLACED IN A NON-INTEREST BEARING ACCOUNT. THE CUSTOMER MAY REQUEST A REFUND AFTER TWENTY-FOUR (24) MONTHS THAT THE SUM IS ON DEPOSIT, PROVIDED NO WATER BILL DELINQUENCY HAS OCCURRED DURING THIS TIME.

CHECKS ARE TO BE MADE PAYABLE TO THE **VILLAGE OF RIVERDALE**. THANK YOU!

SIGNATURE _____