

APPLICATION FOR UTILITIES SERVICE

(NON-OWNER OCCUPIED)

THE UNDERSIGNED, BEING THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE PREMISES DESCRIBED BELOW, DOES HEREBY ACKNOWLEDGE THAT THE OWNER OF SUCH PREMISES WILL BE HELD LIABLE FOR ANY UNPAID UTILITY CHARGES WHICH MAY BE ASSESSED AGAINST SAID PREMISES IN THE EVENT THAT SUCH CHARGES ARE NOT PAID BY THE OCCUPANT REQUESTING AND USING SUCH SERVICES. BY SIGNING BELOW, THE OWNER EXPRESSLY ASSUMES SUCH LIABILITY AND ACKNOWLEDGES THAT ANY UNPAID UTILITY CHARGES MAY BE CERTIFIED TO THE COUNTY AUDITOR FOR PLACEMENT ON THE TAX DUPLICATE AND COLLECTION AS OTHER VILLAGE TAXES IN ACCORDANCE WITH VILLAGE ORDINANCES.

THE OWNER DOES FURTHER STATE AS FOLLOWS:

THIS AUTHORIZATION IS LIMITED SOLELY TO THE PRESENT TENANT OF SUCH PREMISES. BY CHECKING THIS BOX, THE OWNER ACKNOWLEDGES THAT A NEW AUTHORIZATION WILL HAVE TO BE SIGNED AND FILED FOR EACH NEW TENANT.

NAME OF TENANT #1

ADDRESS OF PREMISES #1

NAME OF TENANT #2

ADDRESS OF PREMISES #2

NAME OF TENANT #3

ADDRESS OF PREMISES #3

NAME OF TENANT #4

ADDRESS OF PREMISES #4

NAME OF TENANT #5

ADDRESS OF PREMISES #5

NAME OF OWNER

TELEPHONE NUMBER

OWNER'S ADDRESS

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

SIGNATURE OF OWNER OR AGENT

SIGNATURE OF CO-OWNER OR AGENT

DATE

DATE

Office Use:
(Attach Proof of Ownership)