

Village of River Forest Application for Water and Sewer Service (Please Print)

	Seller's E	mail:		
SERVICE ADDRESS:				
SALE OF PROPERTY				
Actual Closing Date:				
Seller's Name:				
Forwarding Address	:			·
Phone Number:				
UTILITY BILLS MU	ST BE PAID IN FULL BEF	FORE TRANSFI	ER STAMPS WIL	L BE RELEASED
NEW PROPERTY OW	VNER(S)/TENANT(S):			
Name(s):				
Email Address:				
Email Address:				
Phone Number:				
Phone Number:				
RENTAL PROPERTY				
	be billed (check one):	Owner	Tenant*	
-				
	(Tenant must fill out iden	tification inform	nation above)	
Owner Information:	(10.14.14.11.44.1.1.44.1.4.1.4.1.4.1.4.1.			
Name:		Phone:		_
Address:	City:		_State:Zip	o:
Email:				
Ow	ner to receive copy of bill?	Yes	No	
	AGE CODE, PROPERTY ON LITY BILLS SHOULD THE			