



CITY OF GALVA
 311 N.W. 4TH AVENUE
 GALVA, ILLINOIS 61434

APPLICATION FOR WATER/SEWER SERVICE
*** RESIDENTIAL PROPERTY ***

Service Address: _____ Start Date: _____

Owner's Name: _____
First Name M.I. Last Name

Co-Owner's Name: _____
First Name M.I. Last Name

Mailing Address: _____
Address (Number, Street, and Apt. or Suite No.)

City, State, and ZIP Code

Home Telephone: _____ Daytime Telephone: _____

E-mail Address: _____ Soc. Sec. No.: _____

Driver License #: _____ Driver Lic. State: _____

Tenant Name(s): _____ Account # _____

Please answer the following questions by placing a check mark in the appropriate box:

Is this property owner occupied? Yes No If no, do you want a duplicate bill sent to the tenant? Yes No

Is this property being sold on contract? Yes No Is the contract on record with the County? Yes No

Security Question: _____ Date of Birth: _____

By signing this application, I acknowledge that the above listed property is subject to all rules and regulations currently in force and any rules or regulations that may be adopted in the future by the City of Galva. Additionally, I acknowledge that as owner/co-owner of the above listed property that I am responsible for the payment of all water, sewer, and/or other charges for this property and any delinquent charges that may occur.

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____

----- For Office Use Only -----

Deposit _____

REC # _____

E-mail Address: ↓

Date Paid _____

Email Bill
