

2200 S. Lowe Rd  
P.O. Box 117  
Aroma Park, IL 60910



815-937-1212  
Fax: 815-937-1813

REQUEST FOR SEWER/ GARBAGE SERVICE

DATE: \_\_\_\_\_

Customer's Name: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Number of Occupants: \_\_\_\_\_

Date Service To Begin: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Do You Own Service Address? Yes \_\_\_\_\_ No \_\_\_\_\_

If You Rent: Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Deposit Required? Yes \_\_\_\_\_ NO \_\_\_\_\_ ( to be paid at time of application)

Do You Want the Village Garbage Service? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: If You Live In The Village Limits You Must Have Our Garbage Service)

Customer's Signature \_\_\_\_\_

**\*\*\* By signing this application you are authorizing the Village of Aroma Park to maintain, service or repair the sanitary system at this address. Failure to sign this application will result in no sanitary sewer services being provided to this address.\*\*\***