



Greenup Village Hall  
115 E. Cumberland St.  
P.O. Box 246  
Greenup, IL 62428

## VILLAGE OF GREENUP APPLICATION FOR UTILITY SERVICE RESIDENTIAL

**ALL BLANKS MUST BE COMPLETED BEFORE SERVICES WILL BE PROVIDED PLEASE PRINT**

Name: \_\_\_\_\_  
(Maiden name)

Name: \_\_\_\_\_  
(Maiden name)

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

Copy of Drivers License or Photo ID

Copy of Drivers License or Photo ID

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of all other occupants at this address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest relative NOT living with Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account #:** \_\_\_\_\_

We/I, the undersigned agree to comply with the ordinances, regulations, and policies of the Village of Greenup.

WE/I, HEREBY ACKNOWLEDGE AND AGREE THAT PAYMENTS WILL BE MADE ON THIS ACCOUNT IN ACCORDANCE WITH THE TERMS ON THE MONTHLY STATEMENT AND TO PAY ANY LATE PAY PENALTIES OR RECONNECT FEES AS ASSESSED. IN THE EVENT PAYMENT IS NOT MADE PROMPTLY AND IT BECOMES NECESSARY TO INSTITUTE COLLECTION PROCEDURES INCLUDING LITIGATION, WE/I AGREE TO PAY REASONABLE FEES PLUS OTHER COSTS NECESSARILY INCURRED IN THE COLLECTION OF THIS ACCOUNT. IN THE EVENT WE ARE IN RECEIPT OF A DISCONNECT NOTICE, I/WE AGREE THE VILLAGE WILL BE DISCLOSING THE DISCONNECT TO THE PROPERTY OWNER.