



VILLAGE OF SCHAUMBURG

101 Schaumburg Court, Schaumburg, IL 60193 847-923-4520

Utility Billing Account Application

A. Property Address

Address: _____ Unit # _____
 City: Schaumburg State: IL Zip: _____

B. Property Owner

Last Name: _____ First Name: _____
 Work Phone: _____ Home Phone: _____
 Cell Phone: _____ E-Mail: _____
 (Optional) (Optional)

Previous Schaumburg Utility Billing Customer? Yes No

Mail Address (if different): _____ Unit # _____
 City: _____ State: _____ Zip: _____

C. Occupancy Information

Date to Start Service: _____

Is this property (check one): Primary Residence Rental Address

If Rental Property*:

Party to be Billed (check one): Owner Tenant

Tenant Name _____
 Tenant Contact Phone# _____

*Per Village Code, property owners are liable for outstanding utility bills should the tenant vacate the premises.

D. Identification

Last four digits only of Government Issued ID: _____ Issuing Agency: _____
 (State or Other Govt)

Type of Identification Used:

Driver's License State Identification Card Passport
 Other (Explain) _____

E. Authorized Parties

List the name and last four digits of driver's license or government issued identification number of all parties with which you would like Village staff to discuss information regarding your account on your behalf.

First Name: _____ Last Name: _____
 Last four digits of ID: _____ Type of Identification Used: _____
 First Name: _____ Last Name: _____
 Last four digits of ID: _____ Type of Identification Used: _____

F. Certification

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

Signature _____ Date _____
 Property Owner