

Please complete this form, sign and return via mail with a copy of your driver's license or State ID.
Or fax to 630-323-0787



Village of Willowbrook
Water Service Application

Service Address: _____ Apt./Unit # _____

Date service will begin: _____

Name: _____

Telephone Numbers: _____

Email address: _____

Is this a rental? _____ Yes _____ No

If renting:

Property Owner Name: _____

Address: _____

Telephone #: _____

Email: _____

If property is owned by a business or partnership:

Name of partner or contact name: _____

Address of business owner: _____

Telephone: _____

Email: _____

****By signing this form I acknowledge that I have provided a legible copy of my current driver's license or alternate government issued picture ID and I am assuming the payment responsibility for this utility account beginning with the closing and/or possession date. ****

Signed: _____

Village of Willowbrook
835 Midway Drive
Willowbrook IL 60527
www.willowbrookil.org
Questions? Call (630) 920-2238
Fax form to: 630-323-0787

For office use only:

Account #: _____

Entered: _____