Glenbrook Sanitary District

Application for Water/Sewer Service

Date Service Requested: _____

Service Address: _____

Property type: ☐ **Purchased** ☐ **Rented** **Lease date start:** ____ / ____ / ____ **End:** ____ / ____ / ____

Name(s) as they should appear on bill:

Last Name	First Name	Middle Initial

Mailing Address:

Address	City	State	Zip

Phone #: _____ **Employer:** _____

Date of Birth or Date Business Created: _____

Driver's License/Government Issued ID: _____ **State:** _____

Would you like to sign up for paperless billing? ☐ **Yes** ☐ **No** **Email address:** _____

Would you like information on automatic payment methods? ☐ **Yes*** ☐ **No**

*If yes, additional information will be emailed once your account has been established.

If renting, please provide:

Landlord Name	Mailing Address	Telephone #

Please Note: It is your responsibility to notify the City 30 days prior to moving. You are responsible for all charges incurred while services are in your name. In the event that the Glenbrook Sanitary District would have to commence legal proceedings against you to collect unpaid monies, you will be responsible for any legal fees, court costs and sheriff's costs.

Failure to complete this form may jeopardize your service.

_____

Applicant's Signature **Date**

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