

VILLAGE OF SPRING GROVE
UTILITY ACCOUNT APPLICATION

Business Name _____
Address _____
Phone # _____

Business Owner Name _____
Address _____
Driver's license # _____ Exp. Date _____
Phone # _____

Billing Name _____
Billing Address _____

Landlord Name _____
Address _____
Phone # _____

Prior Business or Owner Name _____

Effective date of service _____

Signature _____ Date _____

Office use only

I.D. verified _____

Initials _____