

2200 S. Lowe Rd
P.O. Box 117
Aroma Park, IL 60910



815-937-1212
Fax: 815-937-1813

REQUEST FOR SEWER/ GARBAGE SERVICE

DATE: _____

Customer's Name: _____ Dr. Lic. # _____

Spouse's Name: _____ Dr. Lic. # _____

Number of Occupants: _____

Date Service To Begin: _____ Phone Number: _____

Service Address: _____

Billing Address: _____

Place Of Employment: _____

Address: _____

Do You Own Service Address? Yes _____ No _____

If You Rent: Owner's Name: _____

Address: _____ Phone #: _____

Deposit Required? Yes _____ NO _____ (to be paid at time of application)

Do You Want the Village Garbage Service? Yes _____ No _____

(Note: If You Live In The Village Limits You Must Have Our Garbage Service)

Customer's Signature _____

***** By signing this application you are authorizing the Village of Aroma Park to maintain, service or repair the sanitary system at this address. Failure to sign this application will result in no sanitary sewer services being provided to this address.*****