

VILLAGE OF TEUTOPOLIS
P.O. Box 776
TEUTOPOLIS, IL 62467

APPLICATION FOR WATER SERVICE CHANGE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

MAILING ADDRESS FOR FINAL BILL: _____

DATE SERVICE TO BE SWITCHED: _____

NEW OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

BY: _____ DATE: _____
(FORMER OWNER)

BY: _____ DATE: _____
(NEW OWNER)