

Village of River Grove

2620 Thatcher Avenue
River Grove, Illinois 60171-1698
Telephone (708) 453-8000 Fax (708) 453-0761



PROPERTY OWNER FORM

Please print

(Complete both sides of Application)

Date of Application: _____

PROPERTY ADDRESS: _____

OWNER INFORMATION:

Water Billing Address: yes ___ no ___

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Driver's License No. & State: _____

Email: _____

TENANT INFORMATION: (if applicable)

Water Billing Address: yes ___ no ___

Name(s): _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

MANAGEMENT COMPANY: (if applicable)

Water Billing Address: yes ___ no ___

Name(s): _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

OWNER(S) SHALL BE RESPONSIBLE FOR THE REQUESTED SERVICE

PROPERTY IDENTIFICATION:

Single Family ___ Condo ___ Condo ___ Rental ___ Commercial ___
(Water & refuse) (Unit) (Assoc) (Water) (Water)

PERMANENT REAL ESTATE INDEX NUMBER: _____

ZONING CLASSIFICATION OF PROPERTY: Check One Only:

R-1 ___ R-2 ___ R-3 ___ R-4 ___ C-1 ___ C-2 ___ C-3 ___ C-4 ___ M-1 ___ M-2 ___

CIVIC Ready

The Village uses CIVIC Ready to keep Residents informed. If you would like us to add your information to the database, please check the box below. Then add your information in the space for the way you would like to receive these updates.

Add my info to CIVIC Ready

Phone: _____ Email: _____

Confirmed by Village: Initial _____ Date _____

(over)

PROPERTY OWNER FORM

TERMS OF VILLAGE SERVICES

(Read carefully before signing):

I/We hereby request that the Village of River Grove commence water and sewer service and/or refuse services at the above identified property on or after _____.

I/We understand that the water used at the premises shall be registered and measured by meter. If a meter fails to register the quantity of water that passes through it at any time, then the quantity shall be determined and charged based upon the average quantity registered during such preceding period of time prior to the date of failure. No deductions shall be made from bills on the account of leakage. I/We also understand that sewer services provided by the Village shall be charged based upon the metered water usage, and further that if applicable refuse services provided through the Village shall be provided on a weekly basis. I/We understand that I/we must comply with all ordinances regarding sewer and refuse services, and that I/we shall pay the standard monthly service fees to the Village.

I/We hereby acknowledge that all persons signing this application shall be jointly and severally responsible for the payment of any water, sewer and/or refuse services supplied by the Village of River Grove or its agents as a result of this application until written notice is given to the Village at least ten (10) days in advance of the date that such services be terminated by the Village of River Grove.

By making this application and signing below, I/We hereby authorize the Village to shut off and terminate all water services and/or refuse services without notice if any bill for such services is not paid within sixty (60) days of its due date. I/We understand that partial payment of any amount due and owing the Village of River Grove shall not toll the sixty (60) day period without an express written agreement signed by a duly authorized officer of the Village of River Grove. I/We also understand and agree that the supply of water and water services may be stopped until all arrearages and the sum of Fifty Dollars (\$50.00) for shutting off and turning on water are paid in full to the Village of River Grove.

In the event that the Village of River Grove is required to commence a civil action to recover money due for water, sewer and/or refuse services rendered, I/We agree that the Village of River Grove shall be entitled to recover the judgment amount, plus costs and expenses, including reasonable attorney's fees, incurred in collecting said money from any or all persons signing this application.

By my/our signature(s) below, I/we hereby represent that the information provided in this application is true and correct to the best of my/our belief; that I/we understand that this property is located within the zoning district indicated above, and that any conversion or use of this property in violation of the zoning code of the village shall subject me/us to corrective action by the village. This includes, without limitation, the conversion of a single family dwelling unit into a multi-family dwelling unit in violation of the village code, that would require the removal of any unlawful dwelling units upon complaint to or inspection by the village. In the event the village is required to commence legal action to ensure my/our compliance with the zoning code of the village and the court determines that a violation exists, I/we understand that I/we shall be responsible for the cost of all corrective actions, plus the court costs, including reasonable attorney fees, the village incurs in taking such action.

Owner's Signature **(Required)**

Printed name

Occupant's Signature

Printed name

Authorized Party's Signature

Printed name