

Village of



**Utility Services
STOP Service Form**

Village of Kenilworth
419 Richmond Road Kenilworth, IL 60043
Office: (847) 251-1666 Fax: (847)251-3908

ALL APPLICABLE SECTIONS MUST BE COMPLETE TO BE APPROVED

INSTRUCTIONS

Customer Information: Please clearly print your name(s) as you would like them to appear on your bill. Please be sure that the correct property address is indicated on the form, and that the form is legible. All information fields must be filled out.

Retroactive Billing: The Village of Kenilworth is unable to prorate bills. Final bills will be calculated from the date that this form is received.

Owner/Tenant: Deposit refunds will be processed once this form is submitted and the account is paid in full.

CURRENT CUSTOMER INFORMATION

Name:	
Property Address:	
Forwarding Address for Bills:	<u>Street Address</u> <u>State</u> <u>ZIP</u>
Date of Stop Service:	
Home Phone:	
Cell Phone:	
Email Address:	
Signature:	
Are You a Homeowner or a Tenant? Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/>	
Drivers License # _____ Date of Birth: _____	