



MOVING IN OR OUT REQUEST FORM

Please complete the information below and return it to: Village Hall - 740 Hillgrove Avenue, Western Springs, IL 60558
This form may also be faxed to the attention Water Billing/Finance Dept. at 708-246-0284 or attach the document to an email and send It via email to: mjohnson@wsprings.com

**TO SCHEDULE FINAL WATER READS PLEASE ALLOW AT LEAST 5 BUSINESS DAYS
PRIOR TO THE MOVE/CLOSING DATE**

If you have any questions, please contact the Water Billing Department at 708-246-1800 ex. 126

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

MOVING OUT OF WESTERN SPRINGS

Today's Date: _____
Name of person moving out of Western Springs: _____

Are you the Owner of this Property or a Renter: (Circle One) OWNER RENTER

Name of Landlord or NEW Property Owner: _____

Service Address: _____ Account Number: _____

Move/Closing Date: _____ Requested Date of Final Read: _____

Forwarding Address *: _____ Phone: _____

_____ Email: _____

* Your final bill will be sent to the forwarding address

Your final payment MUST to be paid directly to the Village of Western Springs, even if you were previously enrolled in ACH

MOVING INTO WESTERN SPRINGS

Name of person moving into Western Springs: _____

Are you the NEW Owner of this Property or a Renter: (Circle One) OWNER RENTER

Name of Landlord or PREVIOUS Property Owner: _____

Service Address: _____ Move in Date: _____

Bill to Address: _____ Phone: _____

(if different than Service address) _____ Email: _____