DUPLICATE BILLING FORM

Date _____ Water Account # _____

Service Address _____

Owner Name _____

Owners Mailing Address _____

Owners Phone Number _____

The original bill will be sent to the name and address above. A duplicate bill will be sent to the name and address below. The duplicate bill will have printed on it "DUPLICATE BILL". If you have made arrangements with your renter to pay the water bill please instruct them to pay the duplicate bill.

Renters Move In Date:_____

Renters Name _____

Renters Mailing Address _____
(if different than service address)

Renters Phone Number_____

Owners
Signature _____
Signature is required in order to complete the change.

Return to: City of Lake Forest
800 N Field Dr.
Lake Forest IL 60045

Or Fax to 847-295-2805
Or E-mail to Hainesl@cityoflakeforest.com