



VILLAGE OF STREAMWOOD
FINANCE DEPARTMENT
VACATION HOLD REQUEST

NAME: _____

ADDRESS: _____

PHONE #: _____

ACCOUNT #: _____

DATE LEAVING: _____

DATE RETURNING: _____

CHECK ONE:

ACTIVATE MY ACCOUNT ON _____

I WILL CALL WHEN I RETURN

** ANY WATER USED THAT HAS NOT BEEN BILLED AT THE TIME OF YOUR VACATION HOLD, AND THE MINIMUM CHARGES FOR EACH MONTH YOU ARE ON HOLD, WILL BE BILLED TO YOU WHEN YOUR ACCOUNT IS RE-ACTIVATED.

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____

PHONE #: _____

SIGNATURE: _____ DATE: _____