Office Use Only:	
L. Name	
Acct #	
Effective Date	

VILLAGE OF STRASBURG SEWER ACTIVATION FORM

Please COMPLETE form making sure to write legibly.

Name on account:		
Phone Number: (Home) (Ce	ne) (Cell)	
Email address:		
Service Address:		
Mailing Address: (Only if bill needs to be sent to an addr	ess different than the service	
address)		
List of other occupants of residence:		
Signature of Account Holder:		
Print Name of Account Holder:		
Please bring completed form to Village Office or mail to:	Village of Strasburg P O Box 385 Strasburg IL 62465	

The reading for the sewer bills is taken on the 18th of the month. Sewer bills are mailed the 1st day of the month and payment is due by the 15th of the month. Bills can be paid at the Village Office, at the Shelby County State Bank, placed in the night deposit at the bank, or mailed to the Village Office at P O Box 385, Strasburg IL 62465.

Please feel free to contact us at (217) 644-3007 if you have any questions. Thank you.