



**Thomas R. Yokley, President**

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**VILLAGE OF WILLIAMSVILLE WATER SERVICE AGREEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

RENTING? \_\_\_\_\_ LANDLORD NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAVE YOU BEEN A WILLIAMSVILLE/SHERMAN WATER CUSTOMER IN THE PAST AND, IF SO, WHEN? \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

(A copy of your Driver's License or State Identification Card must be attached to this agreement.)

I hereby certify the information contained on this agreement is true to the best of my knowledge and that I have received a copy of the Village of Williamsville Water Policy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_