

## Thomas R. Yokley, President

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## VILLAGE OF WILLIAMSVILLE WATER SERVICE AGREEMENT

NAME:	DATE:	
ADDRESS:		
MAILING ADDRESS:		
DRIVER'S LICENSE #	SOCIAL	SECURITY #:
DEPOSIT:	E-MAIL ADDRESS:	
WOULD YOU LIKE TO SIGN UP FOR PA You would receive your water/sewer bill by e		
HOME PHONE:	CELL:	WORK:
RENTING? LANDLORD NAME: _		PHONE #:
ADDRESS:		
COMMENTS:		
(A copy of your Driver's License or State Ide	entification Card must be attached to	o this agreement.)
I hereby certify the information contained on a copy of the Village of Williamsville Water		f my knowledge and that I have received
SIGNATUDE:		DATE: