



Thomas R. Yokley, President

141 West Main | Williamsville, IL 62693 | ph: (217) 566-3806 | fax: (217) 566-2105

**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 PAPERLESS BILLING WITH THE EMAIL ABOVE? \_\_\_\_\_  
*You would receive your water/sewer bill by email instead of by mail. This is only a method to receive your bill, not to pay it.*

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

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

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

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: \_\_\_\_\_