



John Swinford, Village 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: _____

WOULD YOU LIKE TO SIGN UP FOR PAPERLESS BILLING AT THE EMAIL ABOVE? _____

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's Water Policy.

SIGNATURE: _____ DATE: _____