



Village of Sheffield

PO Box 218 / 121 S Church St

Office: 815-454-2034

Sheffield, IL 61361

sheffofcmgr@gmail.com

www.sheffiledil.org

V.O.S. UTILITY SERVICE AGREEMENT

Acct # (office use only) _____ Renting? Y or N
 \$200 Deposit _____ Landlord Name & Phone: _____
 Cash or Ck # _____

Applicant: _____

Spouse/Co Applicant _____

Service Address: _____

Mailing Address if different than service: _____

Dr License # _____ SS#: _____

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

E-Mail: _____

Main Phone: _____ Secondary Ph#: _____

Have you been a Sheffield customer in the past, if so, at what address? Y or N

Receive bill (circle one): **U.S.P.S.** or **EMAIL** (addresses provided above)

Auto Withdraw (1st of every **EVEN** month) Y or N (sign ACH authorization form if yes)

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The Village's authorized agents shall have access at all reasonable times to the premises where services are being furnished for the purpose of reading meters, examining, repairing or removing the Village's equipment or disconnecting the service if the customer is delinquent in the payment of water/sewer bills rendered, or to prevent fraud, or abuse. The customer shall be responsible for any loss or damage to the Village's equipment, due to negligence while equipment is on premises or in custody of the customer.

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I hereby certify the information contained on this agreement is true to the best of my knowledge and have been advised of the Village of Sheffield Utility Services Policy and billing procedures.

Signature: _____ Date: _____