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## APPLICATION FOR WATER SERVICE

NAME OF OWNER

ACCOUNT #

SERVICE ADDRESS – (STREET ADDRESS)

TODAY'S DATE

MAILING ADDRESS – (P.O. BOX)

CITY

STATE

ZIP

E-MAIL ADDRESS

SOCIAL SECURITY NUMBER (SSN#)

I hereby state that I am the outright owner of the above listed premises and do hereby request the water be billed to me in my name. I also hereby deposit the sum of **\$175.00** to be retained by the Village until water service is discontinued; the final bill is computed by the water department, and / or until returned in accordance with the provisions of the Village Code.

I specifically agree to the following condition:

- If the premises are to be vacated, property closed for any length of time, or if a change in ownership or tenancy occurs, an application shall be made to the water department to shut off the water supply, read the meter, and render a final bill. If such notice is not given, the occupants and / or owner shall remain responsible for the water services and charges for that property until such time as written notice is received by the Village Collector.

This application and acceptance thereof, by the Village of Carbon Cliff, shall constitute a contract and shall be subject to all ordinances in force or may be adopted hereafter by the Village of Carbon Cliff for the Government of the Water Department.

**\* Water / Sewer / Garbage Bills Are Mailed Out The Last Business Day Of March, June, September & December And Due On The 24<sup>th</sup> Day Of April, July, October & January.**

OWNER SIGNATURE

HOME PHONE NUMBER

MOBILE PHONE NUMBER

### OFFICE USE ONLY

UTILITY DEPOSIT – AMOUNT PAID:

\$ \_\_\_\_\_

METHOD OF PAYMENT:

- CASH  
 CHECK / MONEY ORDER # \_\_\_\_\_

CREDIT OR DEBIT CARD



# ATTACHMENT

## STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS BY THE VILLAGE OF CARBON CLIFF, ILLINOIS

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, and the Identity-Protection Policy of the Village of Carbon Cliff (“Village”) require the Village to provide an individual with a statement of the purpose or purposes for which the Village is collecting and using the individual’s Social Security Number (“SSN”) anytime an individual is asked to provide the Village with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the Village to provide your SSN or because you requested a copy of this statement.

### **Why are we collecting your Social Security Number?**

You are being asked for your SSN for one or more of the following reasons:

- Complaint mediation or investigation
- Crime victim compensation
- Vendor services, such as executing contracts and/or billing
- Law enforcement investigation and corresponding prosecution
- Internal verification
- Administrative services
- Hiring or Employment and payroll related information
- Application for Utility Services
- Filing of Business Tax Returns and/or
- \_\_\_\_\_

### **What will we do with your Social Security Number?**

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN. If mailed, your SSN will not be visible without opening the envelope in which it is contained.