### **MANDATED POLICIES**

### **EXHIBIT "A"**

#### **IDENTITY THEFT PREVENTION PROGRAM**

#### **POLICY AND PROCEDURE**

Policy: The Village of Cobden complies with the Fair and Accurate Credit Transactions (FACT) Act by:

- A. Defining Actions to be taken for each of the Red Flags which relate to the opening of new accounts and the monitoring of existing accounts.
  - 1. The Village of Cobden has developed the following procedures designed to detect, prevent and mitigate identity theft in connection with the opening of a covered account or any existing covered account. All procedures represent a typical but not absolute response. Each situation can and will have circumstances which will be affected by a number of variables.
  - 2. The Village of Cobden submits the following managerial responses as typical but not limited to:

| Flag  | Next Step   | Mitigation (Steps to Control Losses)  |
|---|---|---|
| Alerts  |   |   |
| Consumer report indicates Fraud or active duty alert.   | Village currently does not use a<br>Consumer Reporting Agency | If a pattern of identity theft instances occur, the Village will use services of a CRA.   |
| Credit freeze.  | Village currently does not use a<br>Consumer Reporting Agency | If a pattern of identity theft instances occur, the Village will use services of a CRA.   |
| Notice of address Discrepancy.  | Village currently does not use a<br>Consumer Reporting Agency | If a pattern of identity theft instances occur, the Village will use services of a CRA.   |
| Unusual patterns in activity.   | Village currently does not use a<br>Consumer Reporting Agency | If a pattern of identity theft instances occur, the Village will use services of a CRA.   |
| Presentation of Suspicious  | <u>Documents</u>  |   |
| Identification documents appear altered or forged.  | Have Police Department review.                                | Do not open account until Cleared by Police Department.   |
| Photo/physical description does not match applicant.  | Do not open account.  |   |
| Other information on identification is inconsistent information given by applicant.   | Ask for explanation of inconsistency.                         | If explanation is not satisfactory, Do not open account until approved by Program Administrator.                                  |
| Information in utility files is inconsistent with information provided. Example – signature do not match in signature card Application looks altered or |   | If explanation is not satisfactory, Do not open account until approved by Program Administrator.  If request refused, do not open |
| forged or destroyed and reassembled.  | completed in front of office personnel.                       | account.  |

| Suspicious Dorsonal Identify      | ing Information   |                                      |
|-----------------------------------|---|--------------------------------------|
| Suspicious Personal Identify      | ing information   |                                      |
| Identification is inconsistent    |   |                                      |
| with external source such as:     | \cdot |                                      |
| - Address v address on            | Village currently does not use a  |                                      |
| Consumer Report                   | Consumer Reporting Agency.  |                                      |
| - Social Security Number          |   |                                      |
| not issued                        |   |                                      |
| - Social Security Number          |   |                                      |
| on Death Master file              |   |                                      |
| - Inconsistent information,       |   |                                      |
| such as lack of correlation       |   |                                      |
| between date of birth and         |   |                                      |
| Social Security number            |   |                                      |
| Identification is known to be     |   |                                      |
| associated with fraudulent        |   |                                      |
| activity:                         |   |                                      |
| - The address is fictitious,      | Request verification of phone   | If verification is not satisfactory, |
| a prison or a mail drop on        | number, Social Security number  | do not open account.                 |
| application                       | or address.   |                                      |
| - The phone number is             |   |                                      |
| invalid or associated with a      |   |                                      |
| pager or answering service        |   |                                      |
| - The Social Security number      |   |                                      |
| is the same as that               |   |                                      |
| submitted by other persons        |   |                                      |
| opening an account                |   |                                      |
| - The address is the same         |   |                                      |
| address as that submitted         |   |                                      |
| by other persons opening          |   |                                      |
| account                           |   |                                      |
| Applicant fails to provide all    | Do not open account.  |                                      |
| personal ID requested.            |   |                                      |
| For institutions using challenge  | The Village does not use  |                                      |
| questions, the person             | challenge questions at this time.   |                                      |
| attempting to access or open      |   |                                      |
| account cannot provide any        |   |                                      |
| information beyond what would     |   |                                      |
| typically be found in a wallet or |   |                                      |
| consumer report.                  |   |                                      |
| Change of billing address if      | Each property is tied to a  | If additional users are              |
| followed by request for adding    | specific account – additional properties  | requested, all identification that   |
| additional properties to the      | would not be added to an existing   | is required for an initial opening   |
| account (or shortly following     | account.  | of an account is required.           |
| the notification of a change in   |   | ·                                    |
| address, the utility receives a   |   |                                      |
| request for the addition of       |   |                                      |
| authorized users on the account   |   |                                      |
| Payments are made in a            | Standard disconnection notices are  | Utilities are disconnected if no     |
| manner associated with fraud.     | sent.   | Payment is received.                 |
| For example, deposit or initial   |   | -                                    |
| payment is made and no            |   |                                      |
| payments are made thereafter.     |   |                                      |
| Existing account with a stable    | Account holder will be notified by  |                                      |
| history shows irregularities.     | telephone immediately.  |                                      |

| <b>Suspicious Personal Identify</b>                               | Suspicious Personal Identifying Information                           |  |  |  |
|---|---|--|--|--|
| An account with low activity unexpectedly jumps to high           | Account holder will be notified by telephone immediately.             | Service will be disconnected if requested by account holder.     |  |  |
| consumption.  | ,   |  |  |  |
| Mail sent to customer is repeatedly returned.                     | Mail will be delivered to residence and hung on door.                 | Service will be discontinued if no payment received when due.    |  |  |
| Customer notifies utility that they are not receiving their bill. | Mailing address will be verified.                                     | If address is correct, Postmaster will be notified.              |  |  |
| The utility is notified of unauthorized charges or                | Customer will be advised to contact Police Department to report theft | Service will be disconnected if requested by account holder.     |  |  |
| transactions in connection with customer's account.               | of services or discrepancy.   | requested by account noider.                                     |  |  |
| Notice of Theft   |   |  |  |  |
| Utility is notified by law officials or others, that it           | Local law officials will be notified.                                 | Village will follow advice of law enforcement officials. Service |  |  |
| has opened a fraudulent account for a person engaged              |   | will be disconnected if requested by property owner.             |  |  |
| in identity theft.  |   | by property owner.   |  |  |

- B. Preventing, Detecting and Mitigating Breaches in Security.
  - 1. In the event of a breach of security, the following precautions will be taken to mitigate damage:
    - a. Customer affected will be notified immediately by telephone with a written follow-up.
  - 2. Notification within the utility will follow:
    - a. Other office personnel
    - b. Village President
    - c. Police Department
    - d. Utility Superintendent
  - 3. Customers affected by the breach will be contacted immediately by first class
- C. Responding to Notices of Address Discrepancies
  - 1. The Village of Cobden will furnish a confirmed address to the consumer reporting agency (CRA) under the following conditions:
    - a. Village can form a reasonable belief the consumer report relates to the consumer about whom the user requests the report.
    - b. The consumer under review is a current customer with an active account.
    - c. Request involves a customer opening a new account.
    - d. CRA provides request in writing.
    - e. Utility has established relationship with CRA. (Note: The Village is not currently established with a CRA.)
- D. Providing Designated Employees with Identity Theft Prevention Training
  - 1. Designated employees will be trained on a need to know basis according to job responsibilities.
  - 2. Initial training will address the procedures for safeguarding secured information.
  - 3. Annual update will be provided for all designated employees. Sessions will include, but not be limited to, patterns of incidents, changes in information technology, changes in methods of identity theft, and seeking employee input on strategies for enhancing Identity Theft Prevention Program.
  - 4. Documentation of Training will be notated in each trained employee's personnel file.
  - 5. New employees hired into positions handling secured information will receive initial training within five days of date of employment.

- E. Handling Reports of Suspected Identity Theft
  - 1. When a consumer suspects identity theft, he must notify the Village in writing, completing the Federal Trade Commission Affidavit. Instructions for completing are a part of the form. (A sample form is included in this policy.)
  - 2. Customer will be requested to submit copy of affidavit with police report.
  - 3. Make a copy of the customer's photo ID.
  - 4. Record the receipt of documents. (Copy of recording form attached.)
  - 5. Submit the copies of the FTC affidavit, police report and photo ID to Program Administrator.
  - 6. Village will notify consumer of any requested changes or abnormalities in consumer's account.
- F. Conducting IT Audits to Monitor Risk for Identity Theft
  - 1. The Village of Cobden will utilize the Identity Theft Prevention Program Checklist to audit and evaluate internal and external identity theft risk in information technology security.
  - 2. Walk through inspections will be completed on a semi-annual basis by the Program Administrator and complete audits will be completed on a yearly basis by the Program Administrator.
  - 3. Recommendations to reduce risk of identity theft will be submitted for program review and evaluation upon completion of an audit checklist. Results will be submitted to the privacy officer within five days of completion of the evaluation.
- G. Confidentiality of Medical Records
  - 1. The Village of Cobden will treat all medical information pertaining to the customer as confidential.
    - a. Definition:

Medical information is information or data, whether oral or recorded, in any form of medium, created by or derived from a health care provider or the consumer that relates to:

- The past, present or future physical, mental, or behavioral health care to an individual;
- The provision of health care to an individual; or
- The payment for the provision of health care to an individual
- 2. Medical information will not be used in the determination of a consumer's eligibility for services.
- 3. The Village of Cobden will not release medical information to third parties.
- 4. Rescue squads, government entities that require the location of citizens on ventilators for planning purposes will be provided the information upon the written permission of the customer.
- H. Disposal of Records
  - 1. The Village of Cobden will collect and protect documents and data until the time of destruction.
    - a. <u>Paper.</u> The exposure of customer secured information in the office will be monitored.
      - Employee notes from opening a new account will be shredded immediately using shredders located next to trash can and near copier.
      - Faxes with secured information will be filed in a locked file cabinet in a locked storage room.
      - In accordance with FTC recommendations, records will be cross-shredded.
    - b. <u>Electronic.</u> Secured information will not be entered into computers.
    - c. <u>CD's.</u> CD's will be broken when new back up is completed.
  - 2. The Village of Cobden follows recommendations and procedures set forth by the Illinois State Archives Local Records Unit.

### PROCEDURE FOR OPENING NEW ACCOUNT

- I. New utility accounts may be opened in the following manner:
  - In person walk-in
- II. Information and Documentation Required for Walk-in (potential customer to open new account)
  - Driver's license or alternate government issued picture ID (required)
  - Second form of identification, such as credit card (required)
  - New service address (required)
  - New service telephone number (if connected, if not cell phone number)
  - Most recent previous address (required)
  - Name, address and telephone number of landlord (required)
  - Signature on application (required)
- III. Steps to be Taken by Office Personnel
  - a. Check driver's license/alternate government ID.
  - b. Compare signature on application with signature on driver's license and second form of ID.
  - c. Review checklist of Red Flags determine if any present.
  - d. Make a copy of driver's license/alternate government ID.
- IV. Steps for Office Personnel to Follow if Validation of ID Fails
  - a. Tactfully advise potential customer of the issue, if appropriate.
  - b. Do not open account.
  - c. Refer customer to external source that is the source of the Red Flag (i.e., SSN Master File)
  - d. Escalation to supervisor if situation with customer unresolved.
  - e. Program Administrator to make final decision at his/her discretion whether to open account.

### REPORTS OF SUSPECTED IDENTITY THEFT

- 1. When a consumer suspects identity theft, he must notify the Village in writing, completing the Federal Trade Commission Affidavit. Instructions for completing are a part of the form. (A sample form is included in this policy.)
- 2. Customer will be requested to submit copy of affidavit with police report.
- 3. Make a copy of the customer's photo ID.
- 4. Record the receipt of documents.
- 5. Submit the copies of the FTC affidavit, police report and photo ID to Program Administrator.
- 6. Village will notify consumer of any requested changes or abnormalities in consumer's account.

| Document                                      | Date Received | Received by |
|---|---------------|-------------|
| Federal Trade Commission Affidavit            |               |             |
| Customer's Photo ID                           |               |             |
| Police Report (with above documents attached) |               |             |

| Document                                      | Date Submitted to<br>Program Administrator | Received by |
|---|--|-------------|
| Police Report (with above documents attached) | •  |             |

#### INSTRUCTIONS FOR COMPLETING THE ID THEFT AFFIDAVIT

To make certain that you do not become responsible for any debts incurred by an identity thief, you must prove to each of the companies where accounts were opened in your name that you didn't create the debt. The ID Theft Affidavit was developed by a group of credit grantors, consumer advocates, and attorneys at the Federal Trade Commission (FTC) for this purpose. Importantly, this affidavit is only for use where a new account was opened in your name. If someone made unauthorized charges to an existing account, call the company for instructions.

While many companies accept this affidavit, others require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it. If they do not accept the ID Theft Affidavit, ask them what information and/or documentation they require.

You may not need the ID Theft Affidavit to absolve you of debt resulting from identity theft if you obtain an Identity Theft Report. We suggest you consider obtaining an Identity Theft Report where a new account was opened in your name. An Identity Theft Report can be used to (1) permanently block fraudulent information from appearing on your credit report; (2) ensure that debts do not reappear on your credit reports; (3) prevent a company from continuing to collect debts or selling the debt to others for collection; and (4) obtain an extended fraud alert.

The ID Theft Affidavit may be required by a company in order for you to obtain applications or other transaction records related to the theft of your identity. These records may help you prove that you are a victim. For example, you may be able to show that the signature on an application is not yours. These documents also may contain information about the identity thief that is valuable to law enforcement.

This affidavit has two parts:

- Part One the ID Theft Affidavit is where you report general information about yourself and the theft.
- Part Two the Fraudulent Account Statement is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each company you need to write to.

When you send the affidavit to the companies, attach copies (NOT originals) of any supporting documents (for example, driver's license or police report). Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about the account(s) or access to them.

Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks. Delays on your part could slow the investigation.

Be as accurate and complete as possible. You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank, or company that provided the thief with the unauthorized credit, goods, or services you describe. Attach a copy of the Fraudulent Account Statement with information only on accounts opened at the institution to which you are sending the packet, as well as any other supporting documentation you are able to provide.

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their investigation. Keep a copy of everything you submit.

If you are unable to complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report, and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party. Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

If you haven't already done so, report the fraud to the following organizations:

1. Any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can help prevent an identity thief from opening any more accounts in your name. The company you call is required to contact the other two, which will place an alert on their versions of your report, too.

Equifax: 1-800-525-6285; www.equifax.com

Experian: 1-888-EXPERIAN (397-3742); www.experian.com

TransUnion: 1-800-680-7289; www.transunion.com

In addition, once you have placed a fraud alert, you're entitled to order one free credit report from each of the three consumer reporting companies, and, if you ask, they will display only the Last four digits of your Social Security number on your credit reports.

- 2. The security or fraud department of each company where you know, or believe, accounts have been tampered with or opened fraudulently. Close the accounts. Follow up in writing, and include copies (NOT originals) of supporting documents. It's important to notify credit card companies and banks in writing. Send your letters by certified mail, return receipt requested, so you can document what the company received and when. Keep a file of your correspondence and enclosures.
  - When you open new accounts, use new Personal Identification Numbers (PINs) and passwords. Avoid using easily available information like your mother's maiden name, your birth date, the last four digits of your Social Security number, your phone number, or a series of consecutive numbers.
- 3. Your local police or the police in the community where the identity theft took place. Provide a copy of your ID Theft Complaint filed with the FTC (see below), to be incorporated into the police report. Get a copy of the police report or, at the very least, the number of the report. It can help you deal with creditors who need proof of the crime. If the police are reluctant to take your report, ask to file a "Miscellaneous Incidents" report, or try another jurisdiction, like your state police. You also can check with your state Attorney General's office to find out if state law requires the police to take reports for identity theft. Check the Blue Pages or your telephone directory for the phone number or check <a href="https://www.naaq.org">www.naaq.org</a> for a list of state Attorneys General.
- 4. The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.
  - You can file a complaint online at <a href="www.consumer.gov/idtheft">www.consumer.gov/idtheft</a>. If you don't have internet access, call the FTC's Identity Theft Hotline, toll-free: 1-877-IDTHEFT (438-4338); TTY: 1-866-653-4261; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580. When you file an ID Theft Complaint with the FTC online, you will be given the option to print a copy of your ID Theft Complaint. You should bring a copy of the printed ID Theft Complaint with you to the police to be incorporated into your police report. The ID Theft Complaint, in conjunction with the police report, can create an Identity Theft Report that will help you recover more quickly. The ID Theft Complaint provides the supporting details necessary for an Identity Theft Report, which go beyond the details of a typical police report.

| Name   |                          |                   | Phone Number           |                    | Page 1             |
|--------|--------------------------|-------------------|------------------------|--------------------|--------------------|
|        |                          | ID T              | heft Affidavit         |                    |                    |
| Victim | Information              |                   |                        |                    |                    |
| (1)    | My full legal name is _  | (First)           | (Middle)               | (Last)             | (Jr., Sr., III)    |
| (2)    | (If different from abov  | e) When the ev    | ents described in this | affidavit took pla | ce, I was known as |
|        | (First)                  | (Middle)          | (L                     | ast)               | (Jr., Sr., III)    |
| (3)    | My date of birth is      | (day/month/y      | rear)                  |                    |                    |
| (4)    | My Social Security nun   | nber is           |                        |                    |                    |
| (5)    | My driver's license or i | dentification car | d state and number a   | ire                |                    |
| (6)    | My current address is    |                   |                        |                    |                    |
|        | City                     |                   | State                  | Zi                 | p Code             |
| (7)    | I have lived at this ad  | dress since       | (month/year)           |                    |                    |
| (8)    | (If different from abov  | e) When the ev    | ents described in this | affidavit took pla | ce, my address was |
|        | City                     |                   | State                  | Zi                 | p Code             |
| (9)    | I lived at the address   | n Item 8 from _   | (month/year)           | until(m            | onth/year)         |
| (10)   | Mv davtime telephone     | number is (       | )                      |                    |                    |

### DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY

My evening telephone number is (\_\_\_\_\_)\_\_\_\_

| Name | e Phon  | e Number Page 2  |
|------|---|--|
| How  | the Fraud Occurred  |  |
| Chec | k all that apply for items 11-17:   |  |
| (11) | $\hfill \square$ I did not authorize anyone to use my nam loans, goods or services described in this report                                 | ne or personal information to seek money, credit, t.   |
| (12) | $\hfill \square$ I did not receive any benefit, money, goods this report.   | or services as a result of the events described in   |
| (13) | $\hfill \square$ My identification documents (for example, or Security card; etc.) were $\hfill \square$ stolen $\hfill \square$ lost on or | redit cards; birth certificate; driver's license; Social about  (day/month/year)   |
| (14) | example, my name, address, date of birth, e   | the following person(s) used my information (for xisting account numbers, Social Security number, documents to get money, credit, loans, goods or n: |
|      | Name (if known)   | Name (if known)  |
|      | Address (if known)  | Address (if known)   |
|      | Phone number(s) (if known)  | Phone number(s) (if known)   |
|      | Additional information (if known)   | Additional information (if known)  |
| (15) | $\hfill \square$ I do NOT know who used my information loans, goods or services without my knowledge  | or identification documents to get money, credit, or authorization.  |
| (16) | ☐ Additional comments: (For example, descrip were used or how the identity thief gained access  | tion of the fraud, which documents or information ess to your information.)  |
|      |   |  |
|      |   |  |
|      |   |  |
|      |   |  |
|      | (Attach additional pag  | jes as necessary.)   |

| Name   | Phone Number Page 3   |  |          |
|--------|---|--|----------|
| Victim | 's Law Enforcement Actions  |  |          |
| (17)   | (check one) I $\square$ am $\ \square$ am not willing to assisthis fraud.   | t in the prosecution of the person(s) who cor                | nmitted  |
| (18)   | (check one) I $\square$ am $\square$ am not authorizing the purpose of assisting them in the inv committed this fraud.  |  |          |
| (19)   | (check all that apply) I $\square$ have $\square$ have not police or other law enforcement agency. The you have contacted the police or other law en  | police $\square$ did $\square$ did not write a report. In th | e event  |
|        | (Agency #1)   | (Officer/Agency personnel taking report)                     |          |
|        | (Date of report)  | (Report number, if any)                                      |          |
|        | (Phone number)  | (email address, if any)                                      |          |
|        | (Agency #2)   | (Officer/Agency personnel taking report)                     |          |
|        | (Date of report)  | (Report number, if any)                                      |          |
|        | (Phone number)  | (email address, if any)                                      |          |
| Docum  | nentation Checklist   |  |          |
|        | indicate the supporting documentation you Attach copies (NOT originals) to the affidavit b  |  | plan to  |
| (14)   | ☐ A copy of a valid government-issued ph<br>license, state-issued ID card or your passpor<br>you may submit a copy of your birth certificate<br>your enrollment and place of residence.   | t). If you are under 16 and don't have a ph                  | noto-ID, |
| (21)   | □ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill). |  |          |

### **MANDATED POLICIES EXHIBIT "A"**

| Name  | Pho  | ne Number  | Page 4                                      |
|---|--|--|---|
| (22)  | ☐ A copy of the report you filed with the pobtain a report or report number from the companies only need the report number, not each company.  | e police, please indicate that in Item 1   | 9. Some                                     |
| Signat  | ture   |  |   |
| is true<br>informa<br>such a<br>false o<br>§ 1001 | y that, to the best of my knowledge and belief, correct, and complete and made in good ation it contains may be made available to fedection within their jurisdiction as they deem ap r fraudulent statement or representation to the or other federal, state, or local criminal standard or both. | faith. I also understand that this affida<br>eral, state, and/or local law enforcement ag<br>propriate. I understand that knowingly me<br>government may constitute a violation of | vit or the gencies for taking any 18 U.S.C. |
| (signat   | cure)  | (date signed)  |   |
|   |  |  |   |
| (Notary   | у)   |  |   |
|   | with each company. Creditors sometimes res (non-relative) sign below that you completed  |  | have one                                    |
| Witne   | ss:  |  |   |
| (signat   | cure)  | (printed name)   |   |
| (date)  |  | (telephone number)   |   |

| Name   |  | Phone Number   |   | Page 5   |
|--|--|--|---|--|
| F  | raudulent /                            | Account Statem   | ent                                       |  |
|  | Complet                                | ing this Statement   |   |  |
| company you're no signed affidavit.  | otifying and on                        | as you need. Completely send it to that constituting with the company      | <b>mpany.</b> Inclu                       | de a copy of you   |
| example below.   | sent you a stater                      | ment, letter or notice ab  |   |  |
|  | ent(s) described in<br>pany in my name | the ID Theft Affidavit, without my knowledge, documents:                   |   |  |
| Creditor Name/Address<br>(the company that opened<br>the account or provided the<br>goods or services) | Account<br>Number                      | Type of unauthorized credit/goods/services provided by creditor (if known) | Date<br>issued or<br>opened<br>(if known) | Amount/Value provided (the amount charged or the cost of the goods/ services |
| Example Example National Bank 22 Main Street Columbus, Ohio 22722                                      | 01234567-89                            | auto loan  | 01/05/2002                                | \$25,500.00  |
|  |  |  |   |  |
|  |  |  |   |  |

# Billing address \_\_\_\_\_\_\_ Account number \_\_\_\_\_

Billing name \_\_\_\_\_

During the time of the accounts described above, I had the following account open with your

company:

### CHECKLIST TO OPEN NEW ACCOUNT OR CHANGE EXISTING ACCOUNT

- > Utility accounts can only be opened in person.
- ➤ The following documents are REQUIRED no exceptions.

### **Applicant's Name:**

| Identification Item                   | Number | Copy<br>Attached |
|---------------------------------------|--------|------------------|
| Driver's License/government issued ID |        |                  |

<u>Identifying Information:</u> The term "identifying information" means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any name, social security number, date of birth, official State or government issued driver's license or identification number, alien registration number, government passport number, employer or taxpayer identification number.

| Identification Item                            | Type of ID  | Number                        |
|--|---|-------------------------------|
| Second form of ID                              |   |                               |
|  |   |                               |
| New Service Address                            |   |                               |
| House #  | Street Name:  |                               |
| City, State, Zip Code:                         |   |                               |
| Nove Mailing Address                           |   |                               |
| New Mailing Address Street Address or P.O. Box |   |                               |
| City, State, Zip Code:                         |   |                               |
| city, State, Zip code.                         |   |                               |
| New Service Telephone I                        | lumber  |                               |
|  | ber, cell # or other contact #:                     |                               |
| ·  |   |                               |
| <b>Most Recent Previous Ad</b>                 | dress   |                               |
| Street Address:                                |   |                               |
| Mailing Address:                               |   |                               |
| City, State, Zip Code:                         |   |                               |
|  |   |                               |
| If rental property, landlo                     |   |                               |
| Name of Landlord:                              | r will be notified by mail that you are applying fo | or service at above residence |
| Telephone Number:                              |   |                               |
| Street or Mailing Address:                     |   |                               |
| City, State, Zip Code:                         |   |                               |
| Sign Coated Elb Coated                         |   |                               |
| Applicant's Signature:                         | Date:   |                               |
| Employee Signature:                            | Date:   |                               |

### Village of Cobden "The Home of the Appleknockers" 112 East Maple Street

PO Box 218
Cobden, IL 62920-0218
Telephone: (618) 893-2425
FAX: (618) 893-2853

knocker@shawneelink.net

### **Notice of Application for Service**

| To:   |   |                                     |                  |         |
|---|---|-------------------------------------|------------------|---------|
| Address:  |   |                                     |                  |         |
| This is to inform you service at your proper                                    | that has erty located at  | applied                             | for              | utility |
| Following is an exce  | pt from the Village's Code of Ordinances:   |                                     |                  |         |
| land or pren<br>the services<br>lot, parcel o<br>Village only<br>severally lial | LIABILITY FOR CHARGES. The owner of any lonises receiving utility services, the occupant of such premises and shall be jointly and severally liable for the payment of the service fland or premises and all services are rendered to the premon the condition that such owner, occupant, and user shall be ole therefore to the Village. (765 ILCS 735/5) (#277; 10/12/66) of this application for service, please contact us immediately. | the user<br>ices to su<br>ises by t | of<br>ich<br>the |         |
| If you are not aware  | of this application for service, please contact us infinediately.   |                                     |                  |         |
| Signature of Village  | Employee Date   |                                     |                  |         |