

CITY OF WAUKON
APPLICATION FOR UTILITY SERVICE
****MUST BE 18 YEARS OF AGE****

APPLICANT'S NAME _____

SPOUSE'S NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

HOME PHONE # _____ CELL # _____

CURRENT EMPLOYMENT _____

FORMER ADDRESS _____

PREVIOUS UTILITY COMPANY _____

ARE YOU THE RENTER OR OWNER RENTER OWNER

NAME OF LANDLORD: IF RENTING _____

ADDRESS: _____

SIGNATURE OF LANDLORD-required _____
will accept vaild email or fax

I HEREBY APPLY FOR UTILITY SERVICES FOR THE PREMISES LISTED ABOVE BEGINNING _____, 20____ PURSUANT TO THE RULES OF THE UTILITY. I AGREE TO PAY ALL BILLS RENDERED BY THE UTILITY UNTIL I GIVE NOTICE TO THE UTILITY TO DISCONTINUE SERVICES. IF ACCOUNT BECOMES DELINQUENT, CUSTOMER WILL BE RESPONSIBLE FOR ANY COLLECTION COSTS WITH RECOVERY OF THE DEBT.

APPLICANT'S SIGNATURE

NOTE: NAME, ADDRESS AND PHONE TO BE REACHED AT IF NOT AVAILABLE AT ABOVE ADDRESS AND PHONE

DEPOSIT \$ _____ DATE _____ RECEIPT # _____

I understand that this deposit will not be refunded until after the final bill has been paid and cleared with the City of Waukon

COPY OF PHOTO ID REQUIRED

Applicant _____

Drivers License # _____

Applicant date of birth _____