APPLICATION FOR WATER/SEWER/GARBAGE UTILITY SERVICE

Hook up service date: _____

Service Address _____Own ____ Rent____

Billing Address_____

Name of Landlord_____

$200 DEPOSIT REQUIRED FOR ALL RENTAL PROPERTIES
$150 DEPOSIT REQUIRED FOR ALL OWNER-OCCUPIED PROPERTIES
DEPOSIT MUST BE RECEIVED BEFORE SERVICES WILL BE CONNECTED

Applicant One

Name _____Social Security No. _____Date of Birth _____

Home or Cell Phone _____ Email_____

Current Employer _____Phone_____
Employer Address_____

Bills are sent out the first day of the month and payment is due by the 20th of the month. Penalty charges will be assessed on the 21st of the month. If payment is not received by 9am on the last business day of the month- Door will be posted for disconnection_ 1st Posting- no fee, 2nd posting- $20, 3rd posting -$40, 4th and after postings $80 per fiscal year (July 1st- June 30th) If payment not received by 9am on the second Monday of the month services will be disconnected and assessed additional fees. Payments can be made in the drop box located on the front of the building at city hall, in the office or online. Homeowner is responsible for the repair of the shut-off valve and shall have it in working order at all times.

In case emergency services are required, and we are unable to contact you, please list a friend or relative we may contact.

Name _____Relation _____Phone_____

Address_____

(Additional Applicants on second page)

Applicant(s) agree to pay for all utility services provided by the City of Stanwood and billed on the Combined Utility Service bill. Should applicant(s) fail to pay bill when due, applicant(s) understand services shall be discontinued until account is paid in full. Should applicant(s) leave an outstanding balance without prior notification to the City of Stanwood. Applicant(s) further understand that the City of Stanwood will utilize any and all means available to collect any unpaid balance, including but not limited to the Iowa Income Offset Program. In the case of disconnection of service, it is understood that applicant(s) shall make full payment of any past due or outstanding account balance including disconnection and service charges prior to requesting service at any location within the Stanwood service area. In the event service location is being rented, applicant(s) landlord may request information or be notified of the status of account.

Auto Bank Withdrawal: _____ Y/N **Email Bill instead of Mail: _____ Y/N**

_____

Signature – Applicant One **Date** **Signature – Applicant Two** **Date**

FOR OFFICE USE ONLY:

Meter Reading: _____ Date Read: _____ Shut off Valve working: _____yes_____ no

Application Received By: _____ Deposit Amount $_____ Date Received: _____

Copy of Driver's License_____

Dep Check#_____ Dep Cash: _____ Dep Credit Card: _____

Applied to Final Bill _____AND/OR $_____Refunded _____ CK# _____Date: _____

Additional Applicants:

Name _____Social Security No. _____

Date of Birth _____

Home or Cell Phone _____ Email_____

Current Employer _____ Phone _____

Employer Address_____

_____ _____
Signature Date

Additional Applicants:

Name _____ Social Security No. _____

Date of Birth _____

Home or Cell Phone _____Email_____

Current Employer _____ Phone _____

Employer Address_____

_____
Signature Date

DISCONNECTIONS

Requested Date of Disconnect:_____

Forwarding Address:_____

Signature of account holder:_____ Date:_____

Final Meter Reading:_____Date Read:_____