

OSCEOLA WATER WORKS
APPLICATION FOR WATER SERVICE

DATE: _____ SERVICE REQUEST DATE: _____

____ COMMERCIAL ____ RESIDENTIAL

____ HOMEOWNER ____ (ON CONTRACT) ____ RENTER

Landlord Information:

LANDLORD NAME: _____ PHONE: _____

LANDLORD ADDRESS: _____

Billing Information

PLEASE PRINT FULL NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CONTACT TELEPHONE NUMBER: _____

SOCIAL SECURITY # OR FEDERAL TAX ID #: _____

PLACE OF EMPLOYMENT: _____

E-MAIL ADDRESS: _____

E-MAIL MY UTILITY BILL TO ME INSTEAD OF REGULAR MAILING: ____ YES ____ NO

METER DEPOSIT: \$150.00

DATE PAID: _____

AMOUNT PAID: _____

RECEIPT #: _____

SIGNATURE OF ACCOUNT HOLDER/LANDLORD: _____

BY SIGNING ABOVE, I/WE HEREBY MAKE APPLICATION WITH OSCEOLA WATER WORKS FOR WATER, SEWER, SEWER SURCHARGE AND GARBAGE/RECYCLING SERVICES. I/WE AGREE TO PAY THE UTILITY SERVICES SUPPLIED TO OSCEOLA WATER WORKS, 208 WEST JEFFERSON ST., OSCEOLA, IA 50213.

FOR OFFICE USE ONLY: READING: _____

METER ID: _____

Account #: _____