



OSCEOLA WATER WORKS

APPLICATION FOR WATER SERVICE

DATE: _____ SERVICE REQUEST DATE: _____

____COMMERCIAL ____RESIDENTIAL

____HOMEOWNER ____ (ON CONTRACT) ____RENTER

Landlord Information: (TENANT ONLY)

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: _____

SIGNATURE OF ACCOUNT HOLDER: _____

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 #: _____

METER DEPOSIT: \$150.00 (IF RENTING, CONTRACT)

DATE PAID: _____

AMOUNT: \$ _____

RECEIPT #: _____