



208 W JEFFERSON ST, OSCEOLA, IA 50213
(641) 342-1435

APPLICATION FOR COMMERCIAL UTILITY SERVICE

Address where service is requested _____

Business Legal Name _____

Business DBA (if applicable) _____

Owner Rent On Contract Landlord Name _____

Landlord Address _____ Landlord Phone _____

Service Request Date: _____

**Owner/Individual/Company responsible for paying
Utility Bills:**

Full Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone No. _____

Federal Tax ID No: _____

SIGNATURE OF ACCOUNT HOLDER: _____ DATE: _____

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

-----FOR OFFICE USE ONLY-----

Customer Account# _____

Read-In Date _____

Deposit Amount \$ _____

Meter Read: _____

Receipt #: _____

Meter ID: _____