

CITY OF GARNAVILLO ~ APPLICATION FOR UTILITY SERVICES

Today's Date: _____ Service Request Date: _____
(move in date)

___ Residential ___ Commercial Landlord ___ Homeowner ___ Renter

FULL NAME: _____

SSN: _____ Driver's License# _____

NAMES OF SPOUSE &/OR OTHER OCCUPANTS: _____

SSN: _____ Driver's License# _____

SERVICES (Circle Services Needed)

Water/Sewer: Residential / Commercial / Government

Garbage: Family / Single

Auto Pay Plan: Yes / No This is a free service

BILLING INFORMATION – Must provide drivers license or other picture ID for the City to copy for proof of identify.

Service Address: _____	Mailing Address: _____
Garnavillo, IA 52049	Phone Number: _____
Cell Phone Number: _____	
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Landlord or Owner's Name: _____	Phone: _____
<hr/>	
Employer(s):	Occupation/Title: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
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Nearest Relative Not Living With You:	
Name: _____	Address _____ Phone: _____
Name: _____	Address _____ Phone: _____

The undersigned hereby makes application with the City of Garnavillo, Iowa for water, sewer, storm water (if applicable), and garbage services. The undersigned agrees to pay for the utility services supplied. The utility billing due date is the 23rd of each month. Payments not received by the 20th of the following month are subject to a late penalty of 10% and discontinuance of all services.

The undersigned agrees to notify the said city, in writing or in person of termination of service. The notice will include a forwarding address to send the final bill to.

Signature _____