

SERVICE INFORMATION		*Required Items
* Today's Date	* Service Start Date	
* Service Address		
* Billing Address		
APPLICANT INFORMATION		
* Applicant Name	* Social Security Number ^{OR} Tax ID	
* Phone Number	E-mail Address	
Co-Applicant Name	Social Security Number	
Phone Number	E-mail Address	
* Emergency Contact	* Phone Number	

- The undersigned hereby makes application with the City of Garnavillo, Iowa for water use through a second meter.
- The undersigned agrees to pay for all utility services supplied by the due date as provided on the bill.
- The undersigned agrees to complete a termination of service form complete with a forwarding address.
- Upon receipt of the notification the city will have services discontinued on the date requested if it is not a holiday or a weekend.
- If notification is not received the undersigned will remain responsible for all services.
- By signing below the undersigned acknowledges receipt and understanding of the second water meter policy available at the Clerk's office.

Applicant Signature

Co-Applicant Signature