

APPLICATION FOR UTILITY SERVICES

Water Sewer Garbage

**CITY OF EDGEWOOD
203 W UNION BOX 397
EDGEWOOD, IA 52042
563-928-6842**

Name of Applicant: _____
first middle initial last

Social Security Number: _____

Service Address: _____

Mailing Address: _____

IF RENTAL: Landlord/Property Owner Name: _____

Address of Owner: _____

Phone of Owner: _____

Copy of rental agreement? yes no Photo ID? yes no

Employment: _____ Phone: _____

Reference Name: _____ Reference Phone: _____

Previous Utilities with: _____

I hereby apply for utility services for the premises listed above beginning _____. Pursuant to the rules of the utility, I agree to pay all bills rendered by the utility for services until I give notice to the utility to discontinue service.

Signed: _____
Applicant City of Edgewood

Date: _____

FOR UTILITY USE: Account Number: _____

DEPOSIT REQUIRED:
RENTAL \$150.00 Date Pd: _____ Ck # _____
OWNER \$ 50.00 Date Pd: _____ Ck # _____

Account Information/Record:

Previous owner/tenant: _____

