

RESIDENTIAL APPLICATION FOR UTILITY SERVICE WITH CITY OF CLARKSVILLE

115 W. SUPERIOR ST- P.O. BOX 309 - CLARKSVILLE, IA 50619

Phone: 319-278-4531

(Please Print)

Name: _____

Service Address: _____

Mailing Address: _____

Phone: _____ Social Security #: _____

Employer (Name, Address, Phone): _____

Nearest Relative (Name, Address, Phone): (Not living with You): _____

Spouse's/Significant Other's Name (Living with You): _____

Social Security# for Spouse's/Significant Other: _____

Spouse's/Significant Other's Employer (Name, Address, Phone): _____

Landlord: _____

I hereby apply to the City of Clarksville for Water and Sewer service (s) to be delivered at the service address listed above beginning _____ in accordance with the Utility's rules. I agree to pay all bills rendered for utility consumption UNTIL I NOTIFY THE UTILITY OFFICE TO DISCONTINUE SAID SERVICE.

Signature: _____ Date: _____

(OFFICE USE ONLY) ----

DEPOSIT \$ _____ DATE PAID: _____

RECEIPT NUMBER: _____

Deposit Applied on Account _____ Account #: _____