Application for Utility Services

City of Salix, Iowa

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| Customer Information | | | | |
| Name: | | | | |
| Street Address: | | PO BOX: | | |
| Primary Contact Number: | | SSN (Required): | | |
| Email Address: | | | | |
| Would you like our monthly newsletters sent to the email address you provided? Yes No | | | | |
| Own Rent (Please circle) | | If renting, name of owner: | | |
| Employment Information | | | | |
| Current Employer: | | | | How long? |
| Employer Phone Number: | | | | |
| Emergency Contacts | | | | |
| Name: | | Phone: | | |
| Name: | | Phone: | | |
| Other Adult Occupants | | | | |
| Name: | | Phone: | | |
| Name: | | Phone: | | |
| Pets | | | | |
| Type: | Breed: | | Name: | |
| Type: | Breed: | | Name: | |
| Authorization | | | | |
| Signature of applicant: | | | | Date: |

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| The amount of deposit shall be determined in accordance with the City of Salix Code of Ordinances. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my “final bill”, I will promptly pay the balance due. If the deposit is more than my “final bill”, the City of Salix will refund the credit balance. I/we understand that in the event that I/we are renting, our landlord may request information or be notified of the status of my/our account. |

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| For Office Use Only | |
| Date of Occupancy: | Deposit Amount Paid: |