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: |