

**WATER / SEWER APPLICATION FOR THE CITY OF GRISWOLD**

**601 2ND ST GRISWOLD, IOWA 51535**

PHYSICAL ADDRESS FOR SERVICE \_\_\_\_\_

HAVE YOU HAD SERVICE IN GRISWOLD BEFORE? YES NO

**A \$40.00 CONNECTION FEE WILL BE APPLIED ON ACCOUNTS WITH NO PREVIOUS SERVICE**

SERVICE START DATE: \_\_\_\_\_

THIS IS : AN ADDRESS CHANGE

A NEW ACCOUNT

Would you be interested in receiving your bill by email? \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**REFERENCE/ EMPLOYER INFORMATION**

EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

REFERENCE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**LANDLORD INFORMATION**

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I hereby apply for utility services for the premisis listed above pursuant to the rules and regulations of the City of Griswold. I acknowledge that all statements given above are accurate to the best of my knowledge. I agree to pay all bills rendered by the City until I give notice to the utility to discontinue service and I agree that late penalties will be assessed on any unpaid balances after the due date shown on the bill.

SIGNED:

APPLICANT: \_\_\_\_\_ CO-APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

ACCOUNT #: \_\_\_\_\_

SEQUENCE #: \_\_\_\_\_

CONNECTION FEE REQUIRED

BEGINNING READ: \_\_\_\_\_

TRANSPONDER #: \_\_\_\_\_

YES NO