

City of Spillville Application for Services

I hereby make application for water, sewer and garbage service and agree to pay at the office of the City Clerk as provided in the rules and regulations of the said City of Spillville, all bills rendered for water, sewer and solid waste consumed and/or used upon these premises, according to meter registration until I give the Water Department of said city notice to discontinue supply.

The Meter Inspector shall have access to the City meter at all times provided by Law.

I FURTHER AGREE that my services may be discontinued when I am more than 10 days delinquent to payment of bill rendered.

I FURTHER AGREE that the owner of the property, if other than myself, may be notified of any delinquent bill and may be furnished a copy of the bill and the application.

Signature

For Office Use Only

Deposit \$ _____

Date Received _____

Date Deposit Applied On Account _____

Date Deposit Refunded _____

City of Spillville Application for Services

First Date of Service _____ Today's Date _____

Customers Name _____

Service Address _____

Mailing Address _____

Home Phone _____ Unlisted: Yes No Cell Phone _____

Email Address _____

Preferred method of billing US Mail _____ Email _____

Type of User

Residential ___ Commercial ___ Renting ___ Buying ___

All renters are required to pay a \$100 deposit at the time of application

New Customer Yes ___ No ___

If No, Previous Address

Name of Employer _____

Employer's Address _____

Employer's Phone # _____

Drivers License# _____ Social Security # _____

How Many Are In Your Household ___ Ages _____

Landlord Information:

Owner's Name _____

Owner's Address _____

Owner's Phone Number _____