

APPLICATION FOR WATER SERVICE

Telephone _____ Account# _____

Acct. Holder (Print) _____

Co-Occupant (Print) _____

Date _____

The undersigned hereinafter called the consumer, hereby requests the Hiawatha Water Dept., hereinafter called the Department, to supply water service to the premises

Located at _____

Date wanted _____ Have you had a previous account with us? Y N

Send bills to: _____

Amount of deposit made \$ _____

The consumer agrees to accept and pay for such service monthly from time such service begins at the regular schedule of rates charged by the Department. The Department's agents are to have access at any reasonable hour to meter and appliances to inspect same, to read meters, to discontinue service for non-payment of any account due the Department from applicant, for the purpose of removing meters or any property belonging to the Department, or for any purpose whatsoever relating to this service. Payments are due by the 20th each month, regardless whatever way the bill was received by email or regular mail.

Any customer wishing to withhold their social security number shall be required to pay a higher deposit.

Signature _____

SS/EIN # _____ DOB _____

Co-Occupant Signature _____

SS/EIN # _____ DOB _____

Owner _____ Renter _____ Landlord _____

e-mail address _____