

CITY OF SIOUX RAPIDS

100 Front St.
Sioux Rapids, Iowa 50585

P.O. Box 473
Sioux Rapids, Iowa 50585

Fax: 712-283-2737
Phone: 712-283-2737

WATER SERVICE APPLICATION FOR COMMERCIAL SERVICE

NEW ACCOUNT:#_____

DATE OF APPLICATION: ____/____/____

DATE SERVICE REQUESTED: ____/____/____

BUSINESS NAME: _____

TYPE OF ENTITY (CORPORATION, ETC.) _____ TAX EXEMPT? (Y / N) _____

SERVICE ADDRESS: _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT): Street_____

City: _____ State: _____ Zip: _____

PRODUCT OR SERVICE_____

WATER WILL BE USED FOR _____

LOCAL OWNER OR MANAGER (NAME) _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ SSN: _____ - _____ - _____

MANAGER'S HOME ADDRESS: Street: _____

City: _____ State: _____ Zip: _____ Home Phone No. (_____) _____

COMPANY HEADQUARTERS ADDRESS: Street: _____

City: _____ State: _____ Zip: _____ Home Phone No. (_____) _____

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GARBAGE SERVICE FEES (INCLUDES RECYCLE BINS) ARE AN AUTOMATIC PART OF YOUR MONTHLY UTILITY BILL. IF THE BINS ARE NOT AT YOUR PROPERTY, PLEASE ADVISE CITY HALL IMMEDIATELY.

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS ACCOUNT AND THAT ALL BILLS MUST BE PAID AND RECEIVED IN THE CITY HALL OFFICE AT 100 FRONT STREET ON OR BEFORE THE DATE DUE TO AVOID PENALTY. FAILURE TO PAY A BILL MAY RESULT IN TERMINATION OF SERVICE.

CUSTOMER SIGNATURE: _____ DATE: _____

DEPOSIT \$200.00 DATE PAID: _____

PAID BY: _____