100 Front St.
Sioux Rapids, Iowa 50585

CITY OF SIOUX RAPIDS

P.O. Box 473
Sioux Rapids, Iowa 50585

Phone: 712-283-2737

APPLICATION FOR **RESIDENTIAL** SERVICE

DATE SERVICE REQUESTED: ____/____ /______ **RENT OR OWN**: __________________

SERVICE ADDRESS: ____**PHONE:**(___)____________________

CUSTOMER NAME: Last: _________________________________ **First:** ____________________________________ **MI:**_____

MAILING ADDRESS (IF DIFFERENT): Street / **Post Office Box** ____

City: ____ State: ______________________________ Zip: ___________________

EMAIL: ____ **DATE OF BIRTH**: _____/_____/_____

DRIVERS LICENSE NUMBER: _________________________**STATE**: ____ **SSN**: _______-_______-________

***SPOUSE/OTHER OCCUPANT NAME: Last:** ________________________________**First:** ____________________**MI:**_____

PHONE: (_____)____________________ **DRIVERS LICENSE NUMBER**: ____________________________**STATE**: ______

SSN: _______-____-________ **DATE OF BIRTH**: _____/_____/_____

PRESENT EMPLOYER: ____**PHONE**:(___)____________________

ADDRESS: ____ City: _______________________ State:____ Zip:________

***SPOUSE / OTHER OCCUPANT EMPLOYER**: ____________________________________ **PHONE**:(___)________________

ADDRESS: Street: ________________________________ City:_______________________State:________________ Zip:________

Landlord: Name____ **PHONE**:(_____)______________________

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REMINDER: THE CITY OF SIOUX RAPIDS HAS A SNOW REMOVAL ORDINANCE DURING THE WINTER MONTHS. PLEASE CONTACT YOUR CITY CLERK FOR MORE INFORMATION AND/OR WATCH FOR NOTICES ON YOUR MONTHLY UTILITY BILL

GARBAGE SERVICE FEES INCLUDE GARBAGE & RECYCLE BINS AND 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. **DEPOSIT $200.00**

CUSTOMER SIGNATURE:____ DATE: ________________________

OFFICE USE ONLY

DEPOSIT $**200.00** DATE PAID: ______________________

REC'D BY: ____ACCOUNT #:__________________________