



**City of Clarence**

411 Lombard St  
PO Box 418  
Clarence, IA 52216

P: 563-452-3625  
F: 563-452-4128

**APPLICATION FOR CITY UTILITY SERVICES / SERVICE CONTRACT**

Today's Date: \_\_\_\_\_ Service Request Date: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_ Commercial **or** \_\_ Residential \_\_ Property Owner **or** \_\_ Renter/Buying "On-Contract"

Date Renter/On-Contract Deposit Paid: \_\_\_\_\_ Deposit Amount: \$200.00

Landlord/Contract Seller/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you interested in having payment made by automatic bank withdrawal?** \_\_ Yes \_\_ No

**CUSTOMER BILLING INFORMATION:** Total number of people in household: \_\_\_\_\_

Service Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Copy of driver's license or other picture ID required for proof of identity.**

Primary Account Holder: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse/Any other adult over the age of 18 at residence: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**How would you like your bill?**  Email ONLY  Mail ONLY  BOTH Email & Mail

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Nearest Relative Not Living with You: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relative's Address: \_\_\_\_\_

The undersigned hereby makes application with the City of Clarence, Iowa, for water, sewer, garbage, and recycling services. The undersigned agrees to pay the utility services supplied. The due date is the 20<sup>th</sup> of the month. The undersigned agrees to notify the said City, in writing or in person, of the termination of service. The notice will include a forwarding address to send the final bill to. Upon notification, the said City will have the services discontinued within one week of the date of notice. All adults listed on this application agree to be jointly and severally liable for payment for all services rendered at the address. Under penalty of perjury by all persons signing the application, no one who is not a dependent of one of the others as defined by federal tax provisions shall reside at the residence other than the persons signing the application.

**ALL ADULTS OVER THE AGE OF 18 LIVING AT SERVICE LOCATION MUST SIGN**

Signature: \_\_\_\_\_ Attest: \_\_\_\_\_

Signature: \_\_\_\_\_ Attest: \_\_\_\_\_