



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 Deposit Paid: _____ Deposit Amount: \$250.00

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 20th 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: _____