

City of Anamosa

Water Account Application/Request for Service (as Per Ordinance 697)

Date: _____ ACCOUNT #:

Deposit: _____

RESIDENTIAL SERVICE INFORMATION

Applicant Name: _____

Service Address: _____

Billing Address (if different): _____

Social Security #: _____ Date of Birth: ____/____/____

Phone #: _____ Cell #: _____ Owning: ____ Renting: ____

If renting – Owner's/Manager's Name: _____

Applicant's Employer: _____ Phone #: _____

Co-Applicant Name: _____ Cell #: _____

Co-Applicant's Employer: _____ Phone #: _____

Co-Applicant's SS #: _____ Date of Birth: ____/____/____

BUSINESS SERVICE INFORMATION

Business Name: _____ Bus Phone #: _____

Business Address: _____

Billing Address (if different): _____

Business Owner/Contact Person: _____ Cell #: _____

Address: _____ Phone #: _____

Federal ID #: _____ or Owner's SS #: _____

I agree to pay for all charges billed to me, for which I am responsible.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF CO-APPLICANT: _____

EMERGENCY CONTACT: _____ **PHONE:** _____