

## **Utility Services Application**

|                   | Date:                |  |
|-------------------|----------------------|--|
| Name:             | Renter: Owner:Owner: |  |
| Property Address: | Phone:               |  |
|                   | Email:               |  |
| Mailing Address:  | Date of Occupancy:   |  |

A \$70.00 utility deposit shall be received from all customers. Property owners will be eligible for a refund after a 12-month period of non-delinquency. If customer is delinquent after their deposit is refunded, the Clerk shall require another deposity. Deposits will be credited on final bills and any remaining balance will be sent to the deposit owner.

I verify that all statements made on the application are true and accurate:

Signature

When leaving the residence, the City needs to be notified immediately. You must complete a form indicating services should be discontinued.

| OFFICE USE ONLY       |  |                      |  |  |
|-----------------------|--|----------------------|--|--|
| Account #:            |  | Photo ID Type:       |  |  |
| Deposit<br>Paid Date: |  | City Staff Initials: |  |  |
|                       |  | Deposit Card:        |  |  |
| Seller:               |  |                      |  |  |
| Reading:              |  |                      |  |  |