



Utility Services Application

Date: _____

Name: _____ Renter: _____ Owner: _____
 Landlord Name: _____

Property Address: _____ Phone: _____

Mailing Address: _____ Email: _____
 _____ Date of Occupancy: _____

By checking this box, I am consenting to have my utility bill sent via email:

If you have consented to receive your bills/notices via email, paper copies will NOT be mailed to you. If your email address changes, you are responsible for notifying the City. Emailed bills will be sent from: info@cityofwalcott.com

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 deposit. 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 _____ City Staff Initials: _____
 Paid Date: _____

Seller: _____ Deposit Card: _____

Reading: _____