

City of Missouri Valley
223 E Erie Street
Missouri Valley, IA. 51555 Phone # 712-642-3502
Application for Water & Sewer Services

Address Service Requested At _____ Phone # _____

Effective Date _____

Own _____ Rent _____ Name of Landlord _____

Number of Persons Who Live Here: 1 2 3 4 5 6 Or More _____

Name _____ Social Security # _____

Driver License # _____

Date of Birth _____

Current Employer _____ Address _____

Spouse's Name _____ Social Security # _____

Or Date of Birth _____

Roommate's Name _____

Spouse's Current Employer _____ Address _____

Utilities At Previous Address Provided By:

Company Name _____ Address _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you who we could contact:

Name _____ Address _____ Phone _____

Notice to Applicant – Please Read

I, the undersigned, agree to pay for all utilities provided to me by the City of Missouri Valley. If I fail to pay bills on a timely basis, I understand that water service may be discontinued. In the case of disconnection for non-payment, I understand that full payment of any outstanding balance and a reconnection fee will be required in order to have water service reconnected. I understand the deposit made with this application will be retained by the City of Missouri Valley until I no longer use water. My final bill will be taken out of my deposit, and the balance, if any, forwarded to me. Upon termination of services I will have 30 days to pay final bill. If payment is not received in full upon the end of the 30 days I will receive notification that within 10 days my account will be turned over to the State of Iowa's Offset Program.

Date _____ Signed _____

FOR OFFICE USE

Application Taken By _____

Deposit Amount \$ _____

Receipt # _____

Customer Moved, Applied on Final Bill _____

Customer Moved, Refunded Deposit _____

Date _____ Check # _____

Check# _____