

PAWNEE CITY

CUSTOMER SERVICE ACTIVITY

Water, Sewer, and Residential Refuse

Application for Service

Today's Date: _____

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.

1. Name of person(s)/business responsible for receipt and payment for service: _____

Email address _____

New Home Phone No. _____ Cell Phone No. _____

Work Phone No. _____ Your Employer _____

2. Address where service is desired: _____

NOTE: Occupant attendance is required for water service connection.

3. Date to begin service: _____

4. Billing Address: Street/P.O. Box _____

City/State/Zip _____

5. Your Name (If different from line 1) _____

6. Commercial Account: Yes No Tax ID No. _____

Type: Proprietorship Partnership Corporation

If company name is different than line 1:

Company Name _____

Company Address _____

City/State/Zip _____

7. Residential Account: Yes No
 Own Rent

Landlord _____ Telephone _____

City/State/Zip _____

IS WATER ON: Yes No

Signature

Deposit \$100.00

DIRECT DEPOSIT FOR UTILITY PAYMENTS:

Hook-up \$20.00

SIGN ME UP* TRANSFER FROM PREVIOUS ACCOUNT NO THANK YOU

*We will need ACH application filled out and a copy of voided check