APPLICATION FOR UTILITY SERVICE

City of Wellsburg
PO Box L, Wellsburg, IA 50680

cityclerk@wellsburgiowa.net

Name: _____

Physical Address: _____

City: _____

State / Zip: _____

Mailing Address (if different): _____

Email: _____

Phone: _____

Cell Phone: _____

Date of Birth: _____

Social Security Number (SSN) - REQUIRED: _____

Date Service Requested: _____

EMPLOYER INFORMATION (if applicable):

Employer Name: _____

Employer Address: _____

SPOUSE / CO-APPLICANT (if applicable):

Spouse / Co-Applicant Name: _____

Spouse SSN (last 4 if preferred): _____

Do you Own or Rent? [ ] Owner [ ] Renter

If Renter, Landlord / Property Owner information (required):

Landlord / Owner Name: _____

Landlord Mailing Address: _____

Landlord Phone: _____

DEPOSIT (Office Use):

Paid Deposit: $_____ Waived: [ ]

Non-Owners (Renters) must pay a $200 deposit prior to utility service with the City of Wellsburg.

SERVICE AGREEMENT & AUTHORIZATION

By signing below, I certify that the information provided on this application is true and accurate. I agree to pay for all utility services (water, sewer, garbage, stormwater, and any other municipal utilities) provided to me by the City of Wellsburg. I understand that bills are due upon receipt and that late charges may be applied to past-due balances in accordance with City policy. If I fail to pay bills on a timely basis, I understand that utility service may be discontinued. In the event of disconnection for non-payment, I understand that payment of the full outstanding balance plus any applicable reconnection fee and/or administrative charges will be required before service is reconnected.

I authorize the City of Wellsburg to use my Social Security Number for identity verification and collection purposes, including reporting unpaid balances to collection agencies if necessary. I understand the City may obtain credit or other consumer reports to determine deposit requirements or eligibility for deposit waivers. I further understand that the City has the authority to collect delinquent charges under applicable Iowa law and City ordinances.

By signing below, I agree to the terms above and acknowledge receipt of City utility policies, rules, and fee schedules as posted or provided by the City of Wellsburg.

Applicant Signature: _____ Date: _____

Office Use Only: Account # _____ Deposit Received: $_____ Date: _____