

CITY OF WYOMING APPLICATION FOR UTILITY SERVICES
141 W. Main Street, Wyoming, IA 52362 563-488-3970

| <i>FOR OFFICE USE ONLY</i> | | | |
|----------------------------|---------------|--------------------|--------------|
| Today's Date | Deposit # | Amount of Deposit | |
| Account Number | | \$100 owner | \$200 tenant |
| City verification | Government ID | Personal Knowledge | |
| Recycling cart | Garbage cart | Meter Reading | Date Read |

Move in date _____ Property Address _____

Date and Time water to be turned on _____ (Between 7 a.m. and 3:30 p.m. M-F)
 (someone must be at the house)

Name _____ DOB _____ Social Security # _____

Additional Residents 18 or over _____ SS #'s _____
 (may list on the back if additional room is needed)

Federal ID Number (business only) _____

Mailing address

Street Address _____ Box No _____

City, State, Zip Code _____

Phone _____ Cell Phone _____

e-mail address _____

Employment _____ Co- occupants Employment _____

No. of Household _____ Rent _____ Own _____

Landlord _____ Phone _____

Landlord Address _____

I hereby guarantee the payment of all bills for services supplied by the City of Wyoming within fifteen days from date such bills become due. I further agree that my service shall be disconnected when I am delinquent and that the deposit may be used to apply on any delinquency. The City shall have access to the meter as provided by law. Prior to move/out relocation it is this applicants responsibility to contact City Hall with a request to arrange date of final read, billing, and disconnect applicant of utility service(s) obligation.

_____ Date _____

Applicant

Would you like auto withdrawal? No Yes see additional form
 (Only available at Citizen State Bank at this time)