

(Office Use Only) Account# \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Amount: \_\_\_\_\_

**\*\*NEW DEPOSIT WILL BE REFUNDED WHEN YOU LEAVE THE PROPERTY MINUS OUTSTANDING BILLS**

## City of George - Residential Utility Service Application

### APPLICANT INFORMATION

NAME:		
SSN:	PHONE:	CELL PHONE:
DL #:		
ADDRESS FOR SERVICE:		
CITY: GEORGE		PO BOX:
STATE: IA		ZIP: 51237
UTILITY START DATE:	OWN RENT (circle one)	# OF OCCUPANTS:
PREVIOUS ADDRESS:		
OWNED RENTED (circle one)		
CITY:	STATE:	ZIP:

### EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:

### CO-APPLICANT (OR SPOUSE) INFORMATION

NAME:		
SSN:	PHONE:	CELL PHONE:
DL #:		

### CO-APPLICANT (OR SPOUSE) EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:

### EMERGENCY CONTACT

NAME:		PHONE:
ADDRESS:		RELATIONSHIP:
CITY:	STATE:	ZIP:

### LANDLORD INFORMATION OR PREVIOUS OWNER (IF KNOWN)

NAME:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:

*The undersigned hereby agrees to comply with the rules and regulations of the City of George.*

SIGNATURE OF APPLICANT:	DATE:
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SIGNATURE OF CITY STAFF:	DATE:
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