

## **UTILITY SERVICE APPLICATION**

CITY OF REMSEN | REMSEN MUNICIPAL UTILITIES 008 W 2<sup>nd</sup> STREET | 712-786-2136

## **Date of Application:**

**Date Service Desired:** 

Service Address:

## PRIMARY NAME ON ACCOUNT

Name (Last, First, Middle, Maiden):				
DOB:	Social Security:		Phone:	
Occupation:	Employer:		Years	
			Employed:	
Mailing Address (if different than above):				
□ Purchase □	lRent	Number in househol	d:	
Have you previously been a customer of Remsen Municipal Utilities:  Ves				
If Yes, at what address:				

## **OTHER RESPONSIBLE PARTY**

Name (Last, First, Middle, Maiden):					
Relationship:					
DOB:	Social Security:	Phone:			
Occupation:	Employer:	Years Employed:			

In signing the above application, you are entering into a contract with Remsen Municipal Utilities and agree to take upon the financial responsibility of the account. Sewer and Garbage are occupancy-based charges, and you are responsible for notifying the City Offices of any change in the number of people in the household. You agree to pay all debt acquired while the account is active and will be subject to the disconnection and or collection process if the account is not kept in good standing.

Applicant Signature:	Date:		
Co-Applicant Signature:	Date:		

All applications require a \$250 deposit to be paid before account activation. Every new account will be charged a \$30 set up fee. This charge will be placed on your first utility bill.

OFFICE USE ONLY					
Utility Account Number:		SW/GB Checked:			
Deposit Paid:	Method of Payment:	Set Up Fee Charged:			