

City of Rock Valley
1507 Main Street
Rock Valley, Ia. 51247
712-476-5707

APPLICATION FOR WATER, SEWER, RESIDENTIAL GARBAGE SERVICES

****Must be 18yrs of age.****

Name: _____

Service requested at address: _____

Home/Cell Ph. _____

Is this new construction yes no

Landlord/Owner (if renting) _____

Employment Status

Employer: _____ Spouse Employer: _____

Address: _____ Address: _____

Position: _____ Position: _____

Work Phone: _____ Work Phone: _____

References

Previous Address _____

Previous Utility _____

Service Activation

Date moving in _____ Deposit Info _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you whom we could contact.

Name: _____ City: _____ Phone: _____

I (we) hereby apply for utility service for the premises listed above pursuant to the Rock Valley City Code. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills for utilities provided to me by the City of Rock Valley. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. I understand that the deposit made with this application will be retained by the City of Rock Valley for 24 months or upon termination of my service if no notice of a delinquency has been sent, my deposit without interest will be refunded upon my timely request. I further understand a delinquent bill balance may result in the loss of my deposit. I agree to give prior notice to the City of Rock Valley of my intent to discontinue service and understand that I will not be allowed utility service at a new Rock Valley address if I have a delinquent balance at my previous Rock Valley address until the balance is paid in full.

Signature _____ Date _____

Signature _____ Date _____

Should you have questions about the deposit or some other aspect of utility service, please call City Hall at 712-476-5707. A copy of the utility's ordinances (operating rules) are available for inspection in our office. These rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Rock Valley City Council.

The following information is kept confidential and is not Public Record. To prevent Identity Theft a copy of a Government Issued Photo ID is REQUIRED and to be attached to this application.

Applicants

Social Security Number _____ DL Number _____ Date of Birth _____

Social Security Number _____ DL Number _____ Date of Birth _____