

The undersigned, in consideration of the connection to the City of Decorah's water system, hereby agrees to pay for City water at the rates established in the Decorah Municipal Code and further acknowledges that this permit shall constitute a written contract between the City and the undersigned for the provision of said water utility.

Utility Customer

Date

CITY OF DECORAH
APPLICATION FOR WATER AND SEWER SERVICE
**** MUST BE 18 YEARS OF AGE****

APPLICANT'S NAME _____

SPOUSE'S NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

PHONE/CELL NUMBER _____

CURRENT EMPLOYMENT _____

FORMER ADDRESS _____

PREVIOUS UTILITY COMPANY _____

UTILITY CO. ADDRESS _____

HOMEOWNER'S NAME _____

HOMEOWNER'S ADDRESS _____

I hereby apply for water and sewer service for the premises listed above beginning _____, 20____ pursuant to the policies and ordinances of the City of Decorah. I agree to pay all bills rendered by the City until I give notice to the City of Decorah to discontinue services. If account becomes delinquent, the City will use all means possible to recover the debt.

Applicant's Signature

NOTE: Name, address and phone to be reached at if not available at the above address and phone

DATE _____

The following information is confidential and is not public record:

Applicant _____

SSN/Fed ID # (applicant) _____

Social Security Number (spouse) _____

Applicant date of birth _____