

CITY OF SALEM

ACCOUNT # _____

UTILITY SERVICE APPLICATION

Name:				Name:				
SSN:		D.O.B:		SSN:		D.O.B:		
Service Address:			Billing Address:			PO BOX #		
City:			State:			ZIP:		
Phone Number:				Alternate Phone Number:				
Email:								

EMPLOYMENT INFORMATION

Company Name:							
Address:							
City:			State:			ZIP:	
Phone Number:							

Company Name:							
Address:							
City:			State:			ZIP:	
Phone Number:							

OWNER OF RESIDENCE (IF RENTING)

PROPERTY OWNERS NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

METER DEPOSIT		(\$60 – TENANTS ONLY – NOT APPLICABLE TO PROPERTY OWNERS)	
WATER DEPOSIT: _____		DATE PAID: _____	

EMERGENCY NAME: _____ (Relative not living with you)	PHONE NUMBER: _____
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AGREEMENT

A deposit intended to guarantee payment of bills for service is required for each service connection. A new or additional deposit may be subsequently required, upon reasonable notice, in the event the deposit has been refunded or is found to be inadequate or where a customer's credit standing is not satisfactory to the municipality.

Your water deposit will be returned when you move from place of service and your bill is paid in full.

Bills shall be paid by the 10th of each month to avoid the late payment penalty.

Failure to pay a bill may result in the discontinuance of utility services. Written notice will be given at least 10 calendar days prior to discontinuance of service.

*****COPY OF PHOTO ID REQUIRED!**

PHOTO ID# _____

ISSUING STATE: _____

201 South Main Street
P.O. Box 179
Salem, IA 52649-0179

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