



## Utilities

### Applicant Information - All Responsible Parties

First Name	Middle Initial	Last Name
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Social Security # / OR/ Tax ID

First Name	Middle Initial	Last Name
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Social Security # / OR/ Tax ID

Current Phone: \_\_\_\_\_

**Billing Options:** (check one)

Cell Phone: \_\_\_\_\_

Paper Only \_\_\_\_\_

\* Email: \_\_\_\_\_

Electronic Only (email) \_\_\_\_\_

Both (paper and email) \_\_\_\_\_

Date you Want Service to Begin: \_\_\_\_\_

#### Service Address Information

#### Billing Address Information

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt or Unit: \_\_\_\_\_

Apt or Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Will you Own or Rent?      \_\_\_ Rent      \_\_\_ Own

(\$100.00 DEPOSIT REQUIRED FROM RESIDENTIAL RENTERS)

Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

\* You will automatically be subscribed to the monthly City of Grimes email newsletter unless otherwise specified.

Completed Forms May be faxed to **515-986-3846** or emailed to **grimeswaterdept@grimesiowa.gov**