



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 (email)

Both (paper and email)

Date you Want Service to Begin: _____

Application must be recieved at least one working day before service is 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: _____

Name of Submitter:

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@ci.grimes.ia.us**