

501 Terrace Park Boulevard, Milford, Iowa 51351 Phone: 712/320-4394 Fax: 712/337-4407 Email: wocity@mediacombb.net

APPLICATION FOR WEST OKOBOJI MUNICIPCAL UTILITY SERVICES

Today's Date	Start Service Date	
Applicant	Soc. Sec. #	-
Co-Applicant (if necessary)	Mandatory	
	Soc. Sec. #	
	Mandatory	
Service Address	Prefer electronic bill?	
E-mail address	yes both	
Own Rent Name of Landlord		
Billing Address (if applicable)		
Home Phone	Cell Phone	-
Employer	Phone	
Employer	Phone	
Previous Address	Date to final bill	
Address		
that all statements given above are honest a me by the City of West Okoboji. If I fail to p understand the deposit made with this appl deposits will be retained and applied to fina the City of WEST OKOBOJI of my intent to di	ces for the premises listed above pursuant to the rules of the utiliand accurate to the best of my knowledge. I agree to pay for all pay bills on a timely basis, I understand that utility services may be ication will be retained by the City of West Okoboji until I move all service bill or refunded if final bill is paid in full. I further agree iscontinue utility services and agree to pay my final bill promptly new West Okoboji address if I am delinquent at a previous West	bills utilities provided to be discontinued. I out. Renter and lessee to give prior notice to and in full. I understand
Signed	Date	
Signed	Date	
Deposit \$	Date Paid	_

Should you have questions about the deposit or some other aspect of utility service, please call City Hall at **712-320-4394**. 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 WEST OKOBOJI City Council.