

CITY OF DURANT
402 6th Street PO Box 818
Durant IA 52747
(Phone: 563.785.4451) (Fax: 563.785.6809)

NEW CUSTOMER SERVICE APPLICATION

Today's Date: _____ Account Number: _____

Rental Property Deposit \$200.00 _____ PD by Check _____ Cash _____

Move In Date/Activation Date: _____

This form must be completed in its entirety before utilities will be activated.

ACCOUNT SETUP/TENANT INFORMATION

NAME: _____ SPOUSE/ROOMMATE: _____

SOCIAL SECURITY # (s) _____ SP/RM _____

MAILING ADDRESS: _____

PHYSICAL LOCATION: _____

CITY, STATE, & ZIP: _____

HOME PHONE # _____ CELL PHONE _____

EMPLOYER: _____ PHONE # _____

EMPLOYMENT ADDRESS _____

IF A RENTAL, PLEASE COMPLETE THE FOLLOWING:

LANDLORD/OWNER: _____

MAILING ADDRESS: _____

PHONE #: _____

--I understand my bill is due the 20th of the month, and I will be given a delinquent notice after said date.

--I understand that if I haven't paid my bill by shutoff notice day, I will be charged a \$25 fee **when a shutoff notice is placed on my door.**

My bill must be paid in full with the \$25 fee by noon the following day or my water will be shut off. If water is shutoff, a \$50 fee will be charged to have my water turned back on if my bill is paid in full by 3:00 pm and \$100 fee will be charged to have my water turned back on if my bill is paid in full after 3:00 pm.

-- I understand if I am a renter, my landlord will be notified of my delinquency.

-- I understand, if I am a property owner, a lien can be certified with the County Treasurer if I do not pay my bill in full. I understand that I need to notify City Hall before I move out. I understand all final bills will follow the same procedures as delinquents.

SIGNATURE _____ DATE _____

SPOUSE/ROOMMATE _____ DATE _____
SIGNATURE _____