

CITY OF BELMOND



WATER SERVICE AGREEMENT

(PLEASE PRINT)

Date: _____
Last Name: _____ First Name: _____ Middle Initial: _____

Service Address: _____ Mailing Address: (If different) _____
Belmond, IA 50421

Home Telephone Number: _____ Cel-Telephone Number: _____

E-Mail: _____ Social Security Number: _____

Date of Possession: _____ Driver License Number: _____

Do you _____ OWN or _____ RENT? Landlord's Name: _____
(Landlord will receive a notice of delinquency)

Employer's Name: _____ Employer's Telephone Number: _____

Have you had prior water service with the City of Belmond? _____ YES _____ NO

If YES, when? _____

Are you interested in Automatic Direct Bill Payment? _____ YES _____ NO

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. By executing this agreement, you agree to assume the responsibility of paying for any and all current and past due bills you incur or incurred by any of the individuals in your household.

Signature of Applicant _____

Date _____

CITY OF BELMOND USE:

Deposit Amount: \$ _____ Date Paid: _____

Receipt Number: _____ Account Number: _____