

# City of Walnut

229 Antique City Dr.

P.O. Box 326

Walnut, Iowa 51577

## Application for Utility Services

Name of Applicant: \_\_\_\_\_.

Social Security Number: \_\_\_\_\_.

Service Address: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_.

Beginning Meter Read: \_\_\_\_\_.

Deposit Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_.

-

### If Renting:

Landlord's Name: \_\_\_\_\_.

I, hereby apply for utility services, for the premises listed above beginning the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pursuant of the rules and regulations of the City of Walnut, I agree to pay all bills rendered by the City of Walnut until I give notice to the City of Walnut to discontinue said utility services.

\_\_\_\_\_  
City of Walnut Signature of Applicant

\_\_\_\_\_  
Date Date

-

-

-

-