

**City of Anamosa**

**Water Account Application/Request for Service  
(as Per Ordinance 697)**

Date: \_\_\_\_\_ ACCOUNT #:

Deposit: \_\_\_\_\_

**RESIDENTIAL SERVICE INFORMATION**

Applicant Name: \_\_\_\_\_

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

Billing Address (if different): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Owning: \_\_\_\_ Renting: \_\_\_\_

If renting – Owner’s/Manager’s Name: \_\_\_\_\_

Applicant’s Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Co-Applicant’s Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Applicant’s SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUSINESS SERVICE INFORMATION**

Business Name: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Business Owner/Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ or Owner’s SS #: \_\_\_\_\_

***I agree to pay for all charges billed to me, for which I am responsible.***

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF CO-APPLICANT:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_