

City of Oelwein Water Service Application
Please Print Legibly

Applicant Information

Name:		# of people in House:
Date of birth:	SSN:	Phone:
Current address moving into:		
Date of Service:	Own Rent (Please Circle)	Landlord Name:
Previous address:		How Long?
City:	State:	Zip Code:
Owned Rented (Please circle)	Landlord Name:	
The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services.		
Signature of Applicant:		Date:

Employment Information

Current employer:		How Long?
Employer address:	City/State:	Zip Code:
Phone:	E-mail:	Fax:

Co-applicant Information

Name:		
Date of birth:	SSN:	Phone:
The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services.		
Signature of Co-applicant:		Date:

Co-applicant Employment Information

Current employer:		
Employer address:	City/State:	Zip code:
Phone:	E-mail:	Fax:

Names of occupants over the age of 18:

Name:
Name:
Name:
Name:

For Office Use Only

New Address:	Meter Read Date:	Work Request #:	Account #:
Previous Address:	Meter Read Date:	Work Request #:	Account #:
New Account Name:		Notes:	
Deposit	Receipt #	Card done:	Notes: