

OSKALOOSA MUNICIPAL WATER DEPARTMENT  
RESIDENTIAL SERVICE APPLICATION

TURN ON DATE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

PLEASE RETURN THIS APPLICATION WITH A PHOTO ID AND A \$100 DEPOSIT

SERVICE ADDRESS: \_\_\_\_\_ CIRCLE ONE: RENTER OR PROPERTY OWNER

MAILING ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
(if different)  E-MAIL BILLING

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MIDDLE

DRIVERS LIC # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

SPOUSE / OTHER OCCUPANT: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_

CLOSEST RELATIVE: \_\_\_\_\_ PHONE # & ADDRESS: \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_ PHONE # & ADDRESS: \_\_\_\_\_

MOVING FROM \_\_\_\_\_

I \_\_\_\_\_ agree to comply with all the rules and regulations of the Oskaloosa Municipal Water Department. I understand that a copy of said rules and regulations are available at the office of the Oskaloosa Water Department upon request and that failure to comply will result in the appropriate disciplinary action by the Oskaloosa Water Department.

\_\_\_\_\_  
Water Department Employee

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date