

Application for Utility Services for City of Salix, Iowa

Customer Name:

Date

Other Adult Occupants:

Own

Lease

If leasing, name of owner:

Address (number & street name)

Post office box number

Telephone Number

Secondary Phone Number

Emergency Contact Name and Telephone Number

Name of Employer and Telephone Number

Name of Employer and Telephone Number

Date of Occupancy

For Office Use Only

Deposit (Amount Paid)

Pets

Type	Breed	Name	Approx Weight