

Application for Utility Services

City of Salix, Iowa

Customer Information		
Name:		
Street Address:	PO BOX:	
Primary Contact Number:	SSN (Required):	
Email Address:		
Would you like our monthly newsletters sent to the email address you provided? Yes No		
Own	Rent	(Please circle)
		If renting, name of owner:
Employment Information		
Current Employer:		How long?
Employer Phone Number:		
Emergency Contacts		
Name:	Phone:	
Name:	Phone:	
Other Adult Occupants		
Name:	Phone:	
Name:	Phone:	
Pets		
Type:	Breed:	Name:
Type:	Breed:	Name:
Authorization		
Signature of applicant:		Date:

The amount of the deposit shall be determined in accordance with the City of Salix Code of Ordinances. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my "final bill", I will promptly pay the balance due. If the deposit is more than my "final bill", the City of Salix will refund the credit balance. I/we understand that if I/we are renting, our landlord may request information or be notified of the status of my/our account.

For Office Use Only	
Date of Occupancy:	Deposit Amount Paid: