



CITY OF PALO
APPLICATION FOR UTILITY SERVICES

Account Number \_\_\_\_\_

Today's Date: \_\_\_\_\_

Start Service Date: \_\_\_\_\_

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

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

Palo, Iowa 52324

Name (First Occupant) of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ US or State Photo ID or Driver's License: \_\_\_\_\_

Home/Cell Phones: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Second Occupant) of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ US or State Photo ID or Driver's License: \_\_\_\_\_

Home/Cell Phones: \_\_\_\_\_ Email: \_\_\_\_\_

SOLID WASTE OPTION: DO YOU WANT A CART FOR YARD WASTE? [ ] YES [ ] NO

Own \_\_\_\_\_ Rent \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Address: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

\$25 application fee is required

I, (we) hereby apply for city services for the premises listed above pursuant to the rules of the utilities. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all charges provided to me by the City of Palo. If I fail to pay on a timely basis, I understand that the City of Palo may discontinue city services and I agree to pay my final bill promptly and in full. I understand that I will not be allowed city services at a new City of Palo address if I am delinquent at a previous City of Palo address until previous amount due is paid in full.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use:

Application Fee \$25 Check/Cash \_\_\_\_\_ Received By \_\_\_\_\_ (Initials)

Date in system \_\_\_\_\_ Old Account # \_\_\_\_\_