



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: _____

Home/Cell Phones: _____ Email: _____

Name (Second Occupant) of Applicant: _____

Social Security Number: _____

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 # _____ S-Users-Forms-Lenna-Water Application