

**OTTUMWA WATER WORKS
APPLICATION FOR WATER SERVICE**

Customer Name _____ S.S. NO. _____

Joint Customer Name: _____ S.S. NO. _____

Service Address _____

JOINT SINGLE

Mailing Address _____

Previous Address _____ Main DOB _____

Joint DOB _____

Employed By _____

Rent / Own _____

Emergency Contact Name

Emergency Phone Number

Start Date: _____

Landlord Name: _____

THE APPLICANT agrees that any falsification of the above named account, in order to AVOID PAST BILLS, WILL RESULT IN TERMINATION OF SERVICE.

Deposit: \$175.00

CURRENT PHONE NUMBER _____

MAIN CUSTOMER DRIVER'S LICENSE # _____

JOINT CUSTOMER PHONE NUMBER _____

JOINT CUSTOMER DRIVER'S LICENSE # _____

WOULD YOU LIKE TO BE ADDED TO "WAPELLO READY ALERTS" YES NO

The Consumers deposit will be refunded after all bills have been paid. WATER WORKS RULES as a part of this contract must be complied with at all times. Applicant agrees to pay Gross Amount after Due Date. That includes 5% Penalty to water purchases.

Date _____

Customer Signature

Date: _____

Customer Signature

**Attn: Please include Photo ID or scan to customerserviceoww@gmail.com
please drop application and Deposit of \$175.00 in Blue Night Drop Box
If application is filled out online please drop deposit off in our Blue Box**