

UTILITY SERVICE APPLICAT	ION		Required Deposit Fee:	\$ <u>5</u> 5
Contact Information:				
Name:				
Social Security # (Required):			
Service Address:				
Mailing Address:(If different than above)				
(ii dillerent than above)			Phone #:	
Property Owner's Name: _				
Property Owner's Address: (If different than above)	·			
	nent of charges due	on 3/15/2020 would have	nonth for nonpayment of charges for th a late charge assessed to the account a	•
	ay a reconnection fo	ee in addition to past due o	ges – accounts whose water supply has charges to reinstate water services.) Fee	
 Reconnection fees are as fo 1st Occurrence - \$25 2nd Occurrence - \$50 3rd & subsequent Occur 				
Fee schedule will start over Fees: 1 st Occurrence	after 12 months from: \$30 Returned Che	om the LAST time a check veck Fee + must pay charges	ur account, we will assess a \$30 fee to ywas returned on your account. and fee in CASH. arges in CASH for 12 months.	our account.
All rules & regulations of the Municipal Codebook of Ord	•	Sewer/Garbage Utilities m	ay be obtained in the City of Stockport,	lowa –
APPLICANT'S SIGNATURE			DATE	

Phone: 319-796-2135 Fax: 319-796-4405