

CITY OF VINCENT PO BOX 298 VINCENT, IA 50594 Office: 515-356-4365 Fax: 515-356-2199

www.cityofvincent.org cityofvincent@wccta.net

## **Municipal Utility Services Application**

Full Name	::			Today's Date:
	Last	First	M.I.	
Social Sec	curity No.:			
				Today's
Full Name: Last		First	M.I.	Date:
	Lusi	LII2I	/VI.1.	
Social Sec	curity No.:			
YES	S NO YES NO			
Own 🗌	Rent	Name of Landlord		
Address:				
7144.000	Street Address			Apartment/Unit #
	City		State	ZIP Code
Billing Address:				
7.00.000	Street Address			Apartment/Unit #
	City		State	ZIP Code
Previous Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home		<b>a</b> # =:		
Phone:		Cell Phone:		Over please

Email Address:	Email Billing Invoice  YES  NO
Start Service Date:	Date of Final Bill (previous Address):
Employer	Phone Number:
Employer	Phone Number:
the utilities. I acknowledge to best of my knowledge. I ago Vincent. If I fail to pay bills of discontinued. I understand City of Vincent. I further ago discontinue utility services at that I will not be allowed utility.	y services for the premises listed above pursuant to the rules of that all statements given above are honest and accurate to the gree to pay for all bills utilities provided to me by the City of on a timely basis, I understand that utility services may be the deposit made with this application will be retained by the ree to give prior notice to the City of Vincent of my intent to and agree to pay my final bill promptly and in full. I understand lity service at a new Vincent address if I am delinquent at a still the previous bill is paid in full.
Signature:	Date:
Signature:	Date:

Should you have questions about the utility service, please call City Hall at 515-356-4365. A copy of the utility's ordinances (operating rules) are available for inspection in our office. The rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Vincent City Council.

Received by:

Date:

Deposit paid: \$