**CITY OF NEW MARKET**

**WATER METER DEPOSIT RECORD – APPLICATION FOR SERVICE**

Date of Deposit: Click or tap to enter a date. **SSN:** Click or tap here to enter text.

Name: Click or tap here to enter text. Account No. \_\_\_\_\_\_\_\_\_

Phone #: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Street location Address: Click or tap here to enter text.

Water/Sewer/Trash Deposit: [ ]  $200.00 (Ordinance 92.07; Code of IA Sec. 384.84)

 [ ]  Owner [ ]  Renter (if renting, owner’s name Click or tap here to enter text.)

To the City of New Market, Iowa:

 I hereby make application for water/sewer/trash serve at the above street address and agree to pay at the office of the City Clerk in City Hall and as provided in the rules and regulation of the said City of New Market all bills rendered for water consumed upon these premises, according to meter registration until I give the Water Department of said City notice to discontinue the supply. The City Meter Inspector shall have access to the city meter and pipes at all times as provided by law. I **FURTHER AGREE** that my service shall be disconnected when I am more than 30 days delinquent in payment of bill rendered. I **FUTHER AGREE** that the deposit made with the application may be used to apply on any delinquency.

Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Signature)

Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (Print)

**FOR OFFICE USE ONLY:**

Connection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit paid: \_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Disconnection Date: \_\_\_\_\_\_\_\_\_\_\_\_ Applied on Acct: $\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Final Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Refunded: $\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

**NEED: COPY OF DRIVER’S LICENSE ATTACH IT TO APPLICATION!**