



**ACCOUNT INFORMATION :**

**Full name, Soc. Sec. #, & DOB of all occupants of premises over 18 years of age**

<b>Name</b>	<b>Social Security #</b>	<b>Date of Birth</b>
_____	_____	_____

**Employer name, address & telephone number**  
\_\_\_\_\_

**Relative name, address & telephone number**  
\_\_\_\_\_

**If Tenant, name, address & telephone number of Landlord**  
\_\_\_\_\_

**Verification information that could be used to change account service with a signature if so desired and others who are allowed access to this account. PASSWORD \_\_\_\_\_**

**Authorized Individual who can make changes to account \_\_\_\_\_**

**Additional Notes \_\_\_\_\_**

**I do hereby make the application to the City of Hawarden and request the following services. I also agree that I will pay for all services as listed on the front page, in the amount as indicated by the established rates of the City of Hawarden until notice is given to discontinue said services. I understand that my deposit can be used to pay my final bill and any remaining amount can be applied to any other unpaid bills I have with the City of Hawarden. I agree to comply with all rules, regulations, and ordinances pertaining to such services. I certify that the items are true and correct statements under penalties of fraud.**

**APPLICANT  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_**

**Forwarding Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bill To Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_