

**CITY OF UTE 130 E MAIN ST
P.O. BOX 155 UTE, IA 51060 (712)885-2237**

**CITY OF UTE
WATER REQUEST FORM**

Account _____

Date _____

Customer's Name _____

Phone _____

Requests water to be turned

[on – off] { circle one }

Deposit if required \$ _____

[paid – due] { circle one }

To Turn On: \$10.00 nonrefundable
if owner

\$110.00 (\$10 nonrefundable
& \$100 refundable)

if renter

Date Service Requested _____

Physical Location _____

Billing Address { include box no.
Or street address }

Reason: _____

Signature

ON ONLY:

Do you have a pet? _____

You will need to license dogs & cats.
(Limit of 3)

Last address you lived at

Did you have an Utility

Account? ____ yes or no

Office use only

Date completed _____

Meter reading _____

Completed by: _____

Comments:
