

CITY OF UTE
130 E Main Street
PO Box 155
Ute Iowa 51060



WATER SERVICE REQUEST FORM

Customer Name: _____ Date: _____

Service Address: _____

Owner (Non-Landlord) Owner (Landlord of above property) Renter

Mailing Address (if different): _____

Phone Number(s): _____

SERVICE DETAILS

Date Service Requested: _____

Type of Service Needed: _____

Reason for Service: _____

FOR TURN ON ONLY

Social Security Number: _____ DL or State ID Number: _____

REQUIRED DEPOSITS

NEW ACCOUNTS - Turn On: \$10 nonrefundable deposit + \$100 refundable deposit

EXISTING ACCOUNTS - Turn On: \$10 nonrefundable deposit

Deposit Total (if applicable): _____ Cash Check Date: _____

Any Additional Information: _____

Customer's Signature: _____ Date: _____

For Office Use Only

Received: _____ | Meter Reading: _____ | Completed By: _____

Account Number: _____ | Processed in System: _____ | Deposited: _____