

City Hall
Monday – Friday 8:00 AM – 4:00 PM
(515) 685 – 2531
info@slateriowa.org



Water & Utility Services Application

City of Slater

Start of Service: _____

Name of Applicant: _____

Social Security Number: ____ - ____ - _____

Name of Other Adult Applicant: _____

Social Security Number: ____ - ____ - _____

Service Address: _____

Street

PO Box

Mailing Address: _____

(if different)

Phone Number(s): ____ - ____ - ____ - ____ - ____ - ____

Email: _____

Do you own ____ or rent ____ the property for which you are applying?

If you are renting, what is the name & address of the owner of the property?

Name

Address

City

State

Zip

Their Contact Number: ____ - ____ - ____ - ____ - ____

More information on the next page

SECURITY DEPOSIT REQUIRED: \$100.00 (*Deposit will be paid within 2 weeks of occupancy or your water will be turned off, without notice)

The undersigned hereby agrees to comply with the Ordinance, rules and regulations of the City. The undersigned agrees to be held individually responsible for the City utility account(s) herein applied for until account(s) is closed.

Signatures(s) of applicant(s)

Date Signed: ____ / ____ / ____