

Water & Sewer Application



City of Slater

info@slateriowa.org
(515) 685 - 2531
101 Story St, Slater, IA 50244

Personal Information

Full Name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>	Phone:	<input type="text"/>
Mailing Address (if different)	<input type="text"/>		
<input type="checkbox"/> PO Box			

Services

Do you own..... or rent..... the property you are applying for?

If renting, fill out the following:

Landlord Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		

Start of Services Date:

Are you already a Slater resident?

Are you moving out of current address? Y / N

If so, what is the move out date?

Is there a new resident? Y / N

Please notify the new resident to submit utility application prior to move in date

Deposit included?: ☐ Yes ☐ No

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

Declaration:

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.

.....
Signature

For Office Use Only:

Deposit Paid? Y / N Date: / /

Account Number:

Date Completed: / /