



OFFICE OF CITY CLERK
P.O. BOX 68
MAURICE, IOWA 51036
Phone: (712) 567-4400
E-Mail: maurice@mtcnet.net

APPLICATION FOR UTILITY SERVICES

EFFECTIVE DATE: _____

SERVICE ADDRESS INFORMATION

REQUESTED SERVICE ADDRESS: _____

OWN _____ RENT _____

PROPERTY OWNER'S NAME(S): (if other than applicant) _____

APPLICANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

DRIVERS LICENSE NUMBER/STATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

SERVICE DEPOSIT REQUIREMENTS

ALL NEW SERVICE REQUESTS WILL REQUIRE A UTILITY DEPOSIT.

THE DEPOSIT REQUIREMENT IS: \$200.00 FOR *WATER, SEWER, and SOLID WASTE COLLECTION*

OFFICE USE ONLY

DEPOSIT PAID _____ YES _____ NO _____ DATE PAID _____

CASH _____ CHECK _____ Check No. _____

I have carefully read the completed application and know the same is true and correct and hereby agree that if the services are connected, I will comply with all provisions of City of Maurice Ordinances and applicable State Laws. I accept responsibility for payment of all fees or charges and any civil action that may result from failure to do so.

Applicant's Signature

Date Submitted