

Assigned Account # _____

City of Woodward
105 E 2nd Street -- P.O. Box 517
Woodward, Iowa 50276

Application for Utility Services

Name of Applicant: _____

Social Security #: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Email: _____

If Renting:

_____ Landlord's Name	_____ Street	_____ City	_____ State	_____ Zip Code
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Employment: _____ Phone: _____

Reference Name: _____

Reference Telephone Number: _____

I, hereby apply for utility services, for the premises listed above beginning the _____ day of _____, 20____, pursuant to the rules and regulations of the City of Woodward. I agree to pay all bills rendered by the City of Woodward until I give notice to the City of Woodward to discontinue said utility services.

Deposit Amount: _____ Date Received: _____

City of Woodward

Signature of Applicant

Date

Date

Photo ID Physically Presented and Viewed Yes No If Yes, Type: _____