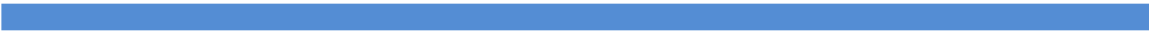




819 1st Avenue South | Fort Dodge, Iowa 50501
 Phone (515) 573-7156 | Fax (515) 573-7158
 www.fortdodgeiowa.org

Account No.:	_____
Deposit No.:	_____ Amt.: _____
Employee Initials:	_____



Fort Dodge Water Department
RESIDENTIAL WATER SERVICE APPLICATION

PLEASE TYPE ALL INFORMATION. HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

Requested Start Date: _____

SERVICE ADDRESS

Street Address _____

Ownership Status Own Rent (\$100.00 deposit required for rentals)

PRIMARY APPLICANT

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ DL Issuing State _____

Phone Number _____ Email Address _____

ANYONE OVER THE AGE OF 18 ALSO LIVING IN THE HOME

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ DL Issuing State _____

Phone Number _____ Email Address _____

EMERGENCY CONTACTS

Name _____ Phone Number _____

Name _____ Phone Number _____

BILLING PREFERENCE

Choose from the following: Email Paper Bill

I hereby apply for services at the above address, which include water and/or sewer, trash and stormwater. I understand that a deposit is required for all rental properties. I further agree to comply with the City of Fort Dodge's Municipal Code Chapter 13.04 - WATERWORKS RATES AND REGULATIONS, a copy of which is available on the City website or upon request.

 Signature of Primary Applicant

 Date

**Copies of valid drivers' licenses or state issued IDs listed above must accompany all completed applications.
 Incomplete applications or applications without a deposit (when required) will NOT be processed.**