

City of Shellsburg
Water/Sewer & Refuse Application

108 Main Street SE, P.O. Box J
Shellsburg, IA 52332

Phone #319-436-2954
Fax #319-436-2588

DATE: _____ I, _____

Here-by request the City of Shellsburg to provide water, sewer, and refuse services at

(Street Address)

Date Service to Begin: _____ Name: _____

Billing Address: _____ P.O. Box: _____

City: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Employer: _____

Spouse Phone: _____ Spouse Employer: _____

Applicant Social Security Number: _____ DOB: _____

Spouse Social Security Number: _____ DOB: _____

Landlord's Name: _____ Deposit: _____

Non payment of utility bill for any reason will result in landlord notification.

The undersigned makes application for the above Services and agrees to pay established rates for all such Services. In making this application the undersigned agrees to the rules and regulations of the City of Shellsburg as set forth in the City's Code Book and to any general changes in the Code Book of the City of Shellsburg or rates for the Services furnished under this application. This application becomes a contract when accepted in writing by the City of Shellsburg.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notes: