CITY OF JEFFERSON
WATER & SEWER APPLICATION

APPLICANT INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __ DL# & STATE _____

PRESENT EMPLOYER _____

EMPLOYER ADDRESS AND PHONE NUMBER

SPOUSE OR ROOMMATE _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __ DL# & STATE _____

DATE YOU WANT SERVICE TO BEGIN _____

SERVICE ADDRESS INFORMATION
STREET ADDRESS _____
NUMBER STREET APT #

MAILING ADDRESS _____
NUMBER STREET PO BOX

_____
CITY STATE ZIPCODE

PREVIOUS ADDRESS _____
NUMBER STREET CITY, STATE, ZIP

PHONE (H) _____ (CELL) _____

OWN ____ RENT ____ (IF RENTING: PLEASE PROVIDE THE FOLLOWING INFORMATION)
A COPY OF YOUR LEASE IS REQUIRED TO CONSIDER SERVICE.

LANDLORD NAME _____PHONE _____

***IF THIS IS AN APPLICATION BY AN EXISTING OR FORMER CUSTOMER OR OCCUPANT, THE CUSTOMER AGREES THAT ANY BALANCE DUE THE CITY BY THE CUSTOMER OR OTHER OCCUPANT AT THE SAME ADDRESS ON A PREVIOUS OR EXISTING WATER AND SEWER ACCOUNT WILL BE PAID PRIOR TO THE NEW SERVICE CONNECTION*.** **THIS APPLICATION IS SUBJECT TO A 48 HOUR REVIEW, BEFORE SERVICE CAN BE ESTABLISHED.**

_____ _____
APPLICANT SIGNATURE DATE CO-APPLICANT SIGNATURE DATE

OFFICE USE
DEPOSIT AMOUNT $ 150.00 RECEIPT DATE_____ ACCOUNT # _____
DEPOSIT WILL BE HELD UNTIL FINAL BILL IS PAID ID'S CHECKED Y N INITIALS _____
ATTACH A COPY OF PHOTO ID

Return to: cjeff@cityofjeffersoniowa.org