## APPLICATION FOR HORNICK MUNICIPCAL UTILITY SERVICES

Today's Date		Start Service Date		
Name		SSN # Man		
		Man	datory	
Name		SSN # Man		
		Man	datory	
Service Address		Mailing address (PO Box)		
Own Rent Nam	ne of Landlord			
Billing Address (if applic	cable)			
Home Phone	Cell	2 <sup>nd</sup> Cell		
Employer		Phone	Phone	
Employer		Phone		
Previous Address		City State	e/zip	
longer, unless the proper retained by the City of intent to discontinue ut be allowed utility servic previous bill is paid in fu	erty named above is a ren Hornick until I move. I furth ility services and agree to ee at a new Hornick addre ull.	or until 12 consecutive months of timel tal property for which I am the tenant her agree to give prior notice to the C pay my final bill promptly and in full. I as if I am delinquent at a previous Hore	, then my deposit will be ity of Hornick of my understand that I will not nick address until the	
Signed		Date		
Signed		Date		
Clerk to Complete:				
Deposit \$	Date Paid	Date Refunded		
Receipted by				
874-3374. Copies of the	e utility's ordinances (oper ange from time to time. M	ome other aspect of utility service, pleating rules) are available for inspection atters pertaining to rates are under the	n in our office. These	
City of Hornick 712 PO Box 67 400 Main Street	-874-3374	Garbage Can(s) 60 Gal	90 Gal	
Hornick, IA 51026	net	1st Inv Date Du	e	