

## APPLICATION FOR HORNICK MUNICIPAL UTILITY SERVICES

Today's Date \_\_\_\_\_ Start Service Date \_\_\_\_\_

Name \_\_\_\_\_ SSN # \_\_\_\_\_  
Mandatory

Name \_\_\_\_\_ SSN # \_\_\_\_\_  
Mandatory

Service Address \_\_\_\_\_ Mailing address (PO Box) \_\_\_\_\_

Own \_\_\_ Rent \_\_\_ Name of Landlord \_\_\_\_\_

Billing Address (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ 2<sup>nd</sup> Cell \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

I (We) hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills utilities provided to me by the City of Hornick. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. I understand the deposit made with this application will be retained by the City of Hornick for 12 months or until 12 consecutive months of timely payment whichever is longer, unless the property named above is a rental property for which I am the tenant, then my deposit will be retained by the City of Hornick until I move. I further agree to give prior notice to the City of Hornick of my intent to discontinue utility services and agree to pay my final bill promptly and in full. I understand that I will not be allowed utility service at a new Hornick address if I am delinquent at a previous Hornick address until the previous bill is paid in full.

The City of Hornick accepts remittance by check, money/postal order and ACH transfer.  
The City of Hornick is not able to accept Debit or Credit Cards.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Should you have questions about the deposit or some other aspect of utility service, please call City Hall at **712-874-3374**. Copies of the utility's ordinances (operating rules) are available for inspection in our office and at [www.hornickiowa.com](http://www.hornickiowa.com). These rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Hornick City Council.

Clerk to Complete:

Deposit \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Refunded \_\_\_\_\_

Received by \_\_\_\_\_

City of Hornick 712-874-3374  
PO Box 67  
400 Main Street  
Hornick, IA 51026  
[cityofhornick@wiatel.net](mailto:cityofhornick@wiatel.net)

Garbage Can(s)	60 Gal _____	90 Gal _____
1 <sup>st</sup> Inv Date	_____ Due _____	

Updated  
11/2022