APPLICATION FOR HORNICK MUNICIPCAL UTILITY SERVICES

Today's Date	Start Service Date		
Name	SSN #		-
		Mandatory	
Name	SSN #	Mandatory	_
Service Address			-
Own Rent Name of Landlord			_
Billing Address (if applicable)			_
Home Phone	Cell Phone _		_
Employer	Pho	ne	_
Employer	Pho	one	-
Previous AddressAddress	City	State/zip	
I (We) hereby apply for utility service acknowledge that all statements given about to pay for all bills utilities provided to me by understand that utility services may be discorbe retained by the City of Hornick for 12 molonger, unless the property named above is retained by the City of Hornick until I move. intent to discontinue utility services and agree be allowed utility service at a new Hornick of previous bill is paid in full.	ove are honest and acc the City of Hornick. If I ontinued. I understand onths or until 12 consecu a rental property for what I further agree to give pee to pay my final bill property	curate to the best of my kn fail to pay bills on a timely the deposit made with thi utive months of timely pay nich I am the tenant, then prior notice to the City of romptly and in full. I under	nowledge. I agree basis, I is application will ment whichever is my deposit will be Hornick of my rstand that I will not
Signed		Date	
Signed		Date	
Deposit \$	Date Paid		_
Receipted by		_	

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. These rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Hornick City Council.

City of Hornick PO Box 67 400 Main Street Hornick, IA 51026 712-874-3374 cityofhornick@wiatel.net