



CITY OF REINBECK

414 Main Street
Reinbeck, IA 50669
319-788-6404
cityasst@reinbeck.net

Application for Utility Services - Residential

Name of Applicant _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

SSN or Tax ID: _____ DOB: _____

Employer: _____ Phone: _____

I, hereby apply for utility services, for the premises listed above beginning the ____ day of _____, 20____. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay all bills rendered by the City of Reinbeck until I give notice the City of Reinbeck to discontinue said utility services and agree that late penalties will be assessed on any unpaid balances after the billing due date. I understand that by signing below, any unpaid balances can and will be turned over to the State of Iowa Income Offset Program or assessed to the Grundy County Treasurer to be held against the property.

Applicant Signature _____ Date _____