



**CITY OF PELLA  
825 BROADWAY ST.  
PELLA, IA 50219  
641-628-4173**

**APPLICATION FOR SERVICE**

Service Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Service to start: \_\_\_\_\_

Name of Person Responsible for bill payment: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

SS #: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Names of Occupants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Landlord: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address if different from service address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nearest Relative Name & Address \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Current Date: \_\_\_\_\_ Provide picture ID: (copy id on back of application)

**Deposit Pd:** Yes  \$ \_\_\_\_\_ No  **LOC:** Yes  No