

City of Le Mars
Water Department
Application of Water Service
(PLEASE PRINT)

Today's Date _____

Customer Name _____

Home Phone _____

Cell Phone _____

Service Address _____

Billing Address(if applicable) _____

Start Service Date _____

Rent _____ Name of Landlord _____

Landlord Phone _____

Own _____ Purchased From _____

****I hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I agree to pay for all bills provided to me by the City of Le Mars. If I fail to pay utility bills on a timely basis, I understand that utility services may be discontinued and reconnect fees apply. I further agree to give prior notice to the City of Le Mars 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 Le Mars address if I am delinquent at a previous Le Mars address until the previous bill is paid in full.**

Customer Signature Date _____ / _____

-Office use only

Notes:

Account Number _____

New Reading _____

Serial Number _____

ID# or Remote# _____

NAME_____

SOCIAL SECURITY NUMBER_____