

Account # _____

City of McCallsburg

New Customer Utility Service Application

Date: _____ Deposit(\$100.00)paid: _____

Activation Date: _____ Street Address: _____

Occupant's Information (This information will be kept confidential.)

Name: _____ Spouse/Partner _____

Mailing Address: _____

Home Phone: _____ Cell phone: _____

Employer: _____ Phone: _____

Employment Address: _____

Social Security/Driver's License # _____

Would you like information on automatic withdrawal? _____

If rental please complete the following:

Landlord: _____

Mailing Address: _____

Phone: _____