

CITY OF LE GRAND WATER DEPT.
APPLICATION FOR SERVICE

Date _____ Account Number _____

Name _____

Address to be Served _____

Billing Address (PO Box) _____

Social Security # _____ Phone # _____

Have you lived in Le Grand before? (Circle One) YES NO

If so, in whose name was the utility account? _____

Address _____

Were all utility bills paid when you left? (Circle One) YES NO

Are you (Circle One) Renting Purchasing

How many person(s) will be living at this residence? _____

Water Deposit - **\$35.00** Sewer Deposit - **\$35.00**

Non-Refundable Connection Fee - **\$15.00**

I hereby apply for utility service to be delivered at the service address listed above pursuant to the conditions of the Department's rules, and do hereby swear that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____

FOR OFFICE USE ONLY:	
Method of Refund _____	Date _____
Amount _____	(credited/returned) Check #(s) _____

Date of Sump Pump Inspection _____

CITY OF LE GRAND WATER DEPT.

641-479-2464

*****BILLING INFORMATION*****

Bills should be paid as soon as possible after receipt to avoid penalty. Your bill will indicate a TOTAL amount which you should pay BEFORE the 15th of each month. You bill will indicate a PENALTY amount which you should pay AFTER the 15th of each month.

*****Discontinuance of Service for Non-Payment*****

Failure to pay a bill will result in the discontinuance of utility services. All access to water utilities will be shut off on the 25th of the month at noon if payment in full is not received.

*****Receipt of Deposit*****

A deposit intended to guarantee payment of bills for service is required for each service connection. The deposit will stay on file at City Hall until change of service notification is submitted to the city clerk.

WARNING!! If you move, any delinquent and/or final bills not paid thirty (30) days after you move may be turned over to a collection agency.

OFFICE USE ONLY: OWNER INFORMATION

Name _____

Address _____