

City of Walnut

229 Antique City Dr.
P.O. Box 326
Walnut, Iowa 51577

Application for Utility Services

Name of Applicant: _____.

Social Security Number: _____.

Service Address: _____.

Mailing Address: _____.

Telephone Number: _____.

Beginning Meter Read: _____.

Deposit Amount: _____ Date Received: _____.

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If Renting:

Landlord's Name: _____.

I, hereby apply for utility services, for the premises listed above beginning the _____ day of _____, 20____, pursuant of the rules and regulations of the City of Walnut, I agree to pay all bills rendered by the City of Walnut until I give notice to the City of Walnut to discontinue said utility services.

City of Walnut Signature of Applicant

Date Date

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