

**RESIDENTIAL APPLICATION FOR WATER UTILITY SERVICE**

CITY OF STORY CITY WATER UTILITY  
504 BROAD ST  
STORY CITY, IA 50248

PHONE (515) 733-2121  
FAX (515) 733-2460

(PLEASE PRINT)

Name \_\_\_\_\_

**Last**

**First**

**Middle Initial**

Street Address \_\_\_\_\_

(Service Address)

Mailing Address \_\_\_\_\_

(If different than service address)

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Spouse/Roommate Name \_\_\_\_\_

**Last**

**First**

**Middle Initial**

Spouse/Roommate Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse/Roommate SS# \_\_\_\_\_

Spouse/Roommate phone number \_\_\_\_\_

Your Employer \_\_\_\_\_ Address \_\_\_\_\_

Spouse/Roommate Employer \_\_\_\_\_ Address \_\_\_\_\_

Relative/Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

**Rentals Only** Deposit required - \$125.00 due with application

I hereby apply to the City of Story City Water Utility for utility service to be delivered at the service address listed above **beginning** \_\_\_\_\_, in accordance with the Utilities rules. I agree to pay all bills rendered for utility consumption until I notify the Utility Office to discontinue said service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Deposit \$ \_\_\_\_\_ Receipt# \_\_\_\_\_ Date Paid \_\_\_\_\_ Waived \_\_\_\_\_ Billed \_\_\_\_\_