

**HOMEOWNER
APPLICATION FOR WATER/SEWER/GARBAGE SERVICE**

DATE: _____

BILLING NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

P.O. BOX (If applicable) _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

FIRST DAY OF SERVICE: _____

PREVIOUS OWNER/RENTER IF KNOWN: _____

EMAIL ADDRESS: _____

TEXT PHONE NO: _____

THERE IS A \$100.00 DEPOSIT REQUIRED FOR UTILITY SERVICE
PAYABLE TO THE CITY OF KEYSTONE.

PLEASE RETURN THIS COPY WITH YOUR DEPOSIT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (319) 442-3246