

**RESIDENTIAL APPLICATION FOR UTILITY SERVICE**

**Approve by Council – 1-24-2022**

(Form must be returned by the applicant in person)

**City of Clermont**

505 Larrabee Street

P.O. Box 6

Clermont, IA 52135

Phone: 563-423-7295

Fax: 563-423-7376

Email: Clermont@acegroup.cc

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
(Street Address)

MAILING ADDRESS: (If different than service address): \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(P.O. Box) (City) (State) (Zip Code)

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE OR IOWA ID CARD:

\_\_\_\_\_  
**(A COPY WILL BE REQUIRED – NO EXCEPTIONS)**

SOCIAL SECURITY #: \_\_\_\_\_

CO-OCCUPANTS \_\_\_\_\_  
**(ANYONE LIVING IN THE HOUSE WHO WILL BE PAYING THE BILL)**

CO-OCCUPANTS \_\_\_\_\_  
**(ANYONE LIVING IN THE HOUSE WHO WILL BE PAYING THE BILL)**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BEGINNING DATE OF SERVICE: \_\_\_\_\_

BEGINNING WATER METER READING \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

