

RENTER 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 #: _____

**(A COPY WILL BE REQUIRED – IF YOU REFUSE TO PROVIDE A COPY,
THE DEPOSIT AMOUNT WILL BE HIGHER – SEE CHART BELOW)**

CO-OCCUPANTS _____
(ANYONE LIVING IN THE HOUSE)

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(ANYONE LIVING IN THE HOUSE)

LANDLORD: _____

ADDRESS: _____

PHONE #: _____

SIGNATURE: _____

DATE: _____

BEGINNING DATE OF SERVICE: _____

BEGINNING WATER METER READING _____

ACCOUNT # _____

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DEPOSIT AMOUNT

Deposit WITH Social Security Card Provided	Deposit WITHOUT Social Security Provided
\$ 100.00	\$ 300.00

The deposit will be refunded when the following conditions are met:

1. Tenant moves out and pays the final bill in full.
2. The tenant has not incurred any late charges. (IF ANY LATE CHARGES HAVE BEEN APPLIED, THE DEPOSIT IS FORFEITED.)

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FOR OFFICE PURPOSES ONLY

DEPOSIT PAID: _____
(DATE/CHECK/CASH/AMOUNT)