



RESIDENTIAL/OFFICE USE: Date _____ Acct No _____
 No. of Carts _____ GB Collection Day _____ In Read _____

RESIDENTIAL UTILITY SERVICE APPLICATION
ALL INFORMATION IS REQUIRED

ATTENTION: Providing false information on this application may result in termination of City Utility Service without notice. (City Municipal Code Chapter 12.10.120 Section 4.c. Termination of Utility Services)

FULL LEGAL NAME _____ START DATE _____

OTHER NAMES or ALIASES YOU USE _____

NEW SERVICE ADDRESS _____ APT _____

PREVIOUS SERVICE ADDRESS _____ APT _____

SSN (LAST 4) _____ EMAIL _____

HOME/CELL PHONE _____ DAYTIME/WORK PHONE _____
 (Where we can contact you 8 am to 5 pm)

EMPLOYER _____

SPOUSE/OTHER RESPONSIBLE PARTY _____

SPOUSE'S SSN (LAST 4) _____ EMAIL _____

SPOUSE'S EMPLOYER _____

TOTAL NUMBER of OCCUPANTS: _____ LIST ALL OCCUPANTS OVER THE AGE OF 18 BELOW:

1. _____ 2. _____
 3. _____ 4. _____

PLEASE CIRCLE YOUR ANSWERS BELOW:

► Are you **BUYING** or **RENTING** this property? If renting, provide **LANDLORD'S NAME AND CELL PHONE:**

(CS Specialist: Add Landlord info to Customer Master when starting service)

► Would you like to sign up for **Automatic Payment Deduction** from your bank account? **YES NO**

► Go to **www.sioux-city.org** to sign up for **Online Bill Pay and e-Notification.**

By signing on the Signature line below I agree with and acknowledge statements 1, 2, 3, & 4:

- 1. I agree to abide by all rules and regulations pertaining to City Utility Services as contained in Sioux City Municipal Code Titles: 12 Public Utilities, 13 Sewers, and 5 Health and Sanitation, Solid Waste. Residential Utility Services include water, sewer, solid waste collection, and storm drain maintenance fee.***
- 2. I acknowledge that I received information on the City's recycling and solid waste program.***
- 3. I acknowledge that should I, or an authorized representative, fail to be present for a service call or scheduled appointment with a City Representative I will pay a service fee of \$35/missed appointment.***
- 4. I acknowledge that the information I provided on this application is true and correct.***

Signature of Applicant

Date

The Customer Service Center is open 8 am to 5 pm, Mon-Fri excluding holidays, 712-279-6132, Option 1
Solid Waste and Recycling services provided by Gill Hauling, 712-279-0151

ADA NOTICE - The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.