

City of Rock Valley  
1303 10<sup>th</sup> St. PO Box 98  
Rock Valley, IA 51247  
(712) 476-5707



**UTILITY APPLICATION (WATER, SEWER, RESIDENTIAL GARBAGE SERVICES)**

*Please complete and return this form along with a copy of ID and a \$100 utility deposit.*

*\*Must be 18 years of age*

**Personal Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you like both you and your spouse's name on the account?    Y        N

If yes, please provide a copy of both of your ID's.

**Service Information**

Is this your first time with your name on a utility account in Rock Valley?    Y        N

Address Moving Into:

\_\_\_\_\_  
Renting?    Y        N        Date moving in: \_\_\_\_\_

If renting, who is your landlord?  
\_\_\_\_\_

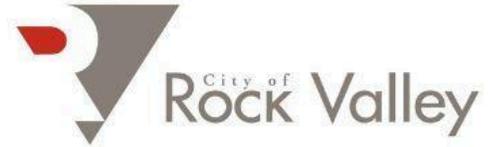
Purchasing?    Y        N        Date closing on the home: \_\_\_\_\_

Previous Address:  
\_\_\_\_\_

Did you have utilities in your name at this address?    Y        N

If so, do we need to final bill this account?            Y        N        N/A (Not in Rock Valley)

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Is there an automatic payment connected to your previous account that needs to be transferred to this new account?            Y        N

**Emergency Contact**

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you whom we could contact.

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone  
#: \_\_\_\_\_

Turn to back side

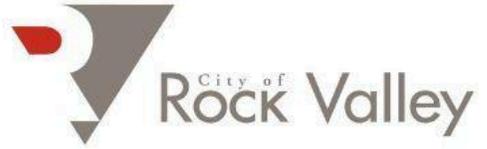
*I (we) hereby apply for utility service for the premises listed above pursuant to the Rock Valley City Code. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills for utilities provided to me by the City of Rock Valley. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. I understand that the deposit made with this application will be retained by the City of Rock Valley until 24 consecutive months of timely payments have occurred. Upon termination of my service, if no notice of a delinquency has been sent, my deposit without interest will be refunded upon my timely request. I further understand a delinquent bill balance may result in the loss of my deposit. I agree to give prior notice to the City of Rock Valley of my intent to discontinue service and understand that I will not be allowed utility service at a new Rock Valley address if I have a delinquent balance at my previous Rock Valley address until the balance is paid in full. I further understand that if there is a remaining balance left on my last bill, this amount will be sent to the county and issued on my property taxes of the following year. I also understand that if my water meter is damaged or needs fully replaced, I am responsible for the cost of any parts needed or a brand new water meter.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should you have questions about the deposit or some other aspect of utility service, please call the City Office at the phone number above. A copy of the utility's ordinances is available for inspection in our office or on the city website at

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[www.cityofrockvalley.com](http://www.cityofrockvalley.com). These rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Rock Valley City Council.

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**For Office Use Only:**

Deposit Information:      Cash              Check              Card              Apply to 1<sup>st</sup> Bill

Entered into Civic on \_\_\_\_\_ by:

\_\_\_\_\_