



CITY OF GALVA - WATER SERVICE APPLICATION

START DATE:	/	/
SERVICE ADDRESS:		
PAPERLESS BILLING?	YES	/ NO

Owner Information		Tenant Information	
Name: Last, First		Name: Last, First	
Mailing Address:		Mailing Address:	
City, State, Zip		City, State, Zip	
Phone:		Phone:	
Email:		Email:	

NOTICE: PROPERTY OWNERS WILL RECEIVE A STATEMENT OF ACCOUNTS WITH BALANCES FOR EACH TENANT ON A MONTHLY BASIS AS WELL AS A COPY OF ANY SHUT-OFF NOTICES.

IS THIS PROPERTY BEING SOLD "ON CONTRACT"/"RENT TO OWN"?	YES / NO
IF YES, IS THIS CONTRACT ON FILE WITH THE COUNTY, AND CAN YOU PROVIDE A COPY OF CONTRACT UPON REQUEST?	YES / NO

List anyone you authorize to inquire about the balance or status of this account: _____

By signing this application, I acknowledge that the above listed property is subject to all rules and regulations currently in force and any rules or regulations that may be adopted in the future by the City of Galva. Additionally, I acknowledge that as owner of the above listed property that I am responsible for the payment of all water, sewer, and/or other charges for this property and any delinquent charges that may occur.

Signature of Owner: _____ Date: _____

Signature of Tenant: _____ Date: _____

----- For Office Use Only -----

Date Deposit Paid: _____ Account Number: _____

Date Account Created: _____ Identification Verified? _____