

City of Yale  
207 Main St., P.O. Box 97  
641-439-2313  
**WATER SERVICES APPLICATION**

Date of Application: \_\_\_\_\_

**Name of Primary Applicant:** \_\_\_\_\_

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

Mailing address (if different): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Name of Secondary Applicant:** \_\_\_\_\_

**Other adults responsible for the premise:**

\_\_\_\_\_  
(First/Last name)

\_\_\_\_\_  
(First/Last name)

Is the service address:

Owned

Rented If rented, enter landlord's name \_\_\_\_\_

Have you or any other occupant at this address ever had an account with the utility?

If YES, please enter the address: \_\_\_\_\_

If NO, please initial: \_\_\_\_\_

**Type of Service:**

Residential

Other \_\_\_\_\_  
(Describe premise)

**Payment for utility charges incurred at this service location are the responsibility of the applicant(s) listed below. This application must be completed in full and deposit paid before service is provided.**

\_\_\_\_\_  
(signature of primary applicant)

\_\_\_\_\_  
(signature of secondary applicant)