

CITY OF JEWELL RESIDENT UTILITY APPLICATION FORM

Account Number: _____ SS #: _____ - _____ - _____ or Driver License#: _____

Name: _____

Address: _____ Jewell, IA 50130, PO Box _____

Phone: _____ E-mail: _____

(E-mail address may be used for emergency notices and possible utility billing in the future. It will not be distributed to anyone else.)

Alternate/Emergency Contact Person: _____ Phone: _____

Alternate Contact Email: _____

PROPERTY OWNERS Utility Deposit	RENTERS Utility Deposit
\$75.00 / social security number provided.	\$75.00 / social security number provided.
Forms of payment accepted for deposits: Check or Cash. _____ New construction _____ Existing home Date of Possession: _____	Forms of payment accepted for deposits: Check or Cash. The renters deposit is held until your final bill is paid. Then a refund check is issued to you for the deposit. Landlord's Name & Contact Information _____ Date of Occupancy: _____

First bill date: _____ **Call #515-827-5425 if bill is not received by:** _____

- ❖ Bills are mailed out around the 25-27th day of each month and payments are due the 10th of the following month.
- ❖ If not paid by the 10th - a 10% penalty will be assessed and a Delinquent Notice is mailed.

Forms of payment accepted: checks, cash and credit. Credit card payments are accepted at Jewell City Hall, (an additional convenience fee is required). Payments may be mailed to: City of Jewell, P.O. Box 486, Jewell, IA 50130. A payment drop box is available at Jewell City Hall, 701 Main Street.

I have received the utility billing information & understand the penalties for late payment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

RECEIPT - Date: _____ Deposit: \$ _____ Check # _____ Cash: _____
REFUND - Date: _____ Amount: \$ _____ Check # _____