

**APPLICATION FOR UTILITY SERVICES
CITY OF OXFORD JUNCTION**

For Office Use Only:

Date of Application _____ Amount of Deposit _____

Account Number _____ Meter Reading _____ Date Read _____

To be filled out by applicant:

Move in Date _____

Name _____

Street Address _____ PO Box _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Driver's License No _____ SS No. _____

Employment:

Name: _____

Address: _____

Number in household _____ Rent _____ Own _____

Landlord _____ Phone Number _____

I hereby guarantee the payment of all bills for services supplied by the City of Oxford Junction. Water, sewer, and garbage bills are to be paid by the date stated on the bill. I further agree that my water service shall be disconnected when I am delinquent as stated on the overdue bill. This deposit may be used to apply on any delinquency. The City shall have access to the meter as provided by law.

Print name of applicant

Applicant signature