

**CITY OF NIOTA WATER DEPARTMENT
NEW SERVICE APPLICATION**

TURN WATER ON _____ SEWER TAP _____ WATER TAP _____ METER READ ONLY _____

NAME _____

CITY -OR- COUNTY
CIRCLE ONE

PLEASE PRINT CLEARLY

SERVICE ADDRESS

MAILING ADDRESS

SOC. SEC. # _____

EMAIL ADDRESS: _____ E-BILL YES _____ NO _____

HOME/CELL PHONE: _____ ALTERNATE PHONE: _____

SERVLINE WATER BILL/LINE PROTECTION: WATER BILL _____ WATER LINE _____
BUSINESS AND NON RESIDENTIAL FACILITIES DO NOT QUALIFY FOR SERVLIN

PROOF OF OWNERSHIP/RENTER AGREEMENT: _____

LANDLORDS NAME: _____ PHONE: _____

RENTERS FEE PAID: \$ _____ OWNERS FEE PAID: \$ _____ TAP FEE PAID \$ _____

FEE PAID BY: CASH CARD MONEY ORDER AUTO DRAFT: _____ YES _____ NO

By signing below, I acknowledge that:

- I have received the Notice to New Customers and understand the rules and water line and connection regulations required by the Superintendent.
- If my account is considered past due/delinquent, I am subject to service disconnection and I am responsible for the balance due, all collection costs and attorney/legal fees. I agree to be contacted by a collection agency via phone, text, email, u.s. mail if necessary.
- **I fully understand the service fee I paid today is a Non-Refundable Service Fee and NOT A DEPOSIT.** The ServLine process has been explained to me if applicable.

Customer Signature _____

Date _____

WATER RATES ARE AVAILABLE UPON REQUEST

Office Use:

FULL ACCT. # OF SERVICE LOCATION: _____

DATE TO BE TURNED ON: _____ BEGINNING READING: _____ BY: _____