

ROCK FALLS UTILITIES APPLICATION FOR SERVICE AND DEPOSIT RECORD

2015

Account No.		Service Address			Date:			
Account Name				Spouse (Maiden/Previous)				
Mailing Address		City		State		Zip		
Previous Address		City		State		Zip		
Place of Employ		City		State		Zip		
Spouse's Employ		City		State		Zip		
Home Ph		Cell Ph		Work Ph		Spouse's Ph		
Applicant's Social Security		-		-		Applicant's Driver's License		
Spouse's Social Security		-		-		Spouse's Driver's License		
Closest Relative			Relation			Phone		
Address			City		State		Zip	
OWNER INFORMATION								
Owner's Name				Address				
Phone		Blanket Deposit		<input type="checkbox"/> Yes <input type="checkbox"/> No		Regular Deposit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructions per owner								
Services Provided at Service Location		<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage						
Deposits(s) Paid		Electric \$		Water \$		Sewer \$		Garbage \$

SIGNATURE(S) OF APPLICANT(S)	
Applicant 1:	Applicant 2:
Received By:	Date:

ROCK FALLS UTILITY DEPOSIT RECEIPT

Account No.		Service Address						
Account Name								
Services Provided at Service Location:		<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage						
Deposits(s) Paid	Electric	\$	Water	\$	Sewer	\$	Garbage	\$

THE TOTAL AMOUNT OF \$ _____ HAS BEEN PAID TO THE CITY OF ROCK FALLS UTILITY OFFICE BY _____ . DEPOSIT TO BE REFUNDED AT THE DISCONTINUANCE OF SERVICE AND RECEIPT OF FINAL BILL PAYMENT.

SIGNATURE(S) OF APPLICANT(S)	
Applicant 1:	Applicant 2:
Received By:	Date: