

**HOMEOWNER**  
**APPLICATION FOR WATER/SEWER/GARBAGE SERVICE**

DATE: \_\_\_\_\_

BILLING NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

P.O. BOX (If applicable) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FIRST DAY OF SERVICE: \_\_\_\_\_

PREVIOUS OWNER/RENTER IF KNOWN: \_\_\_\_\_

**THERE IS A \$100.00 DEPOSIT REQUIRED** FOR UTILITY SERVICE  
PAYABLE TO THE CITY OF KEYSTONE.

PLEASE RETURN THIS COPY WITH YOUR DEPOSIT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (319) 442-3246