

# CITY OF KEOTA

## NEW RESIDENT UTILITY APPLICATION FORM

Acct. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Keota, IA 52228 PO Box \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate/Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

PROPERTY OWNERS Utility Deposit	RENTERS Utility Deposit
\$200.00 Deposit	\$200.00 Deposit
<b>Forms of payment accepted for deposits:</b> <b>Check or Cash</b>	<b>Forms of payment accepted for deposits:</b> <b>Check or Cash</b>
The \$100.00 of the homeowner's deposit is refundable after 12 consecutive on-time payments.	The full \$200.00 will be held on the renter's account until the final bill has been paid in full.
Date of Possession: _____	Landlord's Name: _____ Date of Occupancy: _____

**First bill date:** \_\_\_\_\_

- ❖ Bills are mailed out the last week of each month and payments are due the 15<sup>th</sup> of the month.
- ❖ If not paid by the 15<sup>th</sup> - a 10% penalty will be assessed and a Delinquent Notice is mailed.

Forms of payment accepted: checks or cash. Payments may be mailed to: City of Keota, P.O. Box 77, Keota, IA 52248. A payment drop is available at Keota City Hall, 225 E. Broadway Ave.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT** Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

# Cox Sanitation and Recycling, Inc.

CONFIDENTIAL

## RECYCLING EQUIPMENT ACCEPTANCE FORM

I, the undersigned, hereby certify that I am the occupant of a residence involved in the curbside recycling program sponsored by Cox Sanitation and Recycling, Inc., of North English, IA. I am the

A. The owner of the property at \_\_\_\_\_

B. The tenant of the property at \_\_\_\_\_ which

is owned by \_\_\_\_\_.

Further, I understand that I am bound to the rules and regulations set fourth in the acceptance agreement.

1. I will accept a recycling cart with containers and lids for the use in the recycling program in my community. The value of the cart is **\$210.00**.

2. The ownership of this equipment is retained by **Cox Sanitation and Recycling, Inc.** and this equipment is only on loan to me.

3. I understand that I am responsible for the replacement value of this unit if it becomes lost, stolen or damaged up to the value noted in paragraph 1. **Cox Sanitation and Recycling, Inc.** takes responsibility for normal wear and tear of the carts.

4. I will notify **Cox Sanitation and Recycling, Inc.** at (319)664-3025 within 10 days prior to moving from this residence so that the equipment can be collected.

5. I will not use the equipment for any other purpose than the designed use in the designated recycling program.

I hereby accept the terms and conditions stated above.

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NAME (PLEASE PRINT)

CART NUMBER

ADDRESS

DATED DELIVERED

CITY/STATE/ZIP CODE

DATE RETURNED

SIGNATURE OF RECIPIENT

COX SANITATION REPRESENTATIVE