

CITY OF KEOTA

NEW RESIDENT UTILITY APPLICATION FORM

Date of Birth: _____ Social Security Number _____

Name: _____

Address: _____ PO BOX: _____ Keota, IA 52248

Phone: _____ Email: _____

Employer: _____ Phone: _____

Address: _____

Utility Deposit Information

	Property Owners	Renters
Deposit	\$200.00 Deposit	\$200.00 Deposit
Deposit Terms	\$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.
Owner: _____		Landlord's Name: Landlord Phone Number:
Date of Possession:		Date of Occupancy:

Information:

- Bills are mailed the last week of each month, and payments are due by the 15th of the following month.
- A 10% late fee will be applied to any unpaid balance after the 15th, and a Delinquent Notice will be mailed.

Forms of Payment Accepted: Cash, Check, or Card

Payments may be mailed to:

City of Keota

P.O. Box 77

Keota, IA 52248

A secure payment drop box is also available at **Keota City Hall, 225 E. Broadway Ave.**

- If service is disconnected due to non-payment, a **\$50 reconnect fee** must be paid **before water service will be restored.**

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

Signature: _____

Date: _____

Additional Contact(s): By listing an additional contact, you authorize the City of Keota to share account information with this person(s), including account balance, payment history, and other related details. This person is also authorized to make payments on the account.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Form of Payment for Deposit

Check # Cash Card

Amount: _____

Paid By: _____

Date: _____

COX SANITATION AND RECYCLING, INC.

I, the undersigned, certify that I am the occupant of a residence participating in the curbside recycling program provided by **Cox Sanitation and Recycling, Inc.** of North English, Iowa.

- A.** I am the **owner** of the property located at: _____
- B.** I am the **tenant** of the property located at: _____
Property owner's name: _____

I acknowledge and agree to abide by the rules and regulations outlined in this agreement:

1. I agree to accept a recycling cart with containers and lids for use in the community recycling program. The value of the cart is **\$210.00**.
2. Ownership of the recycling cart remains with **Cox Sanitation and Recycling, Inc.** The equipment is provided on loan for my use in the program.
3. I understand that I am responsible for the replacement cost of the cart if it is lost, stolen, or damaged, up to the value listed above. Cox Sanitation and Recycling, Inc. will cover normal wear and tear.
4. I agree to notify **Cox Sanitation and Recycling, Inc.** at **(319) 664-3025** at least **10 days prior** to moving from this residence so arrangements can be made to collect the equipment.
5. I agree to use the recycling cart only for its intended purpose as part of the designated recycling program.

Name: _____

Address: _____

Date Delivered: _____

Date Returned: _____

Signature: _____ **Date:** _____