COLUCED INTERNET	<i>The City</i> 3548 North Main Stre Phone: (208)-523-5600 E-mail: iona@c	eet, Iona, ID 83427 Fax: (208)-535-0087		
APPLICATION FOR WATER SERVICE				
PLEASE CHECK ALL THAT APPL	Y			
□New Account □Rent/Lease	☐ Transfer Account □Residential			
MUST INCLUDE COPY OF DRIVER'S LICENSE APPLICANT INFORMATION				
LAST NAME/BUSINESS NAME: FIRST NAME:		TORMATION	LAST 4 SSN/FED TAX ID:	
DRIVER'S LICENSE # OR BUSINESS CERT #: DATE OF BIRT		:	EMAIL:	
HOME/CELL PHONE:	WORK PHONE:		EMPLOYER:	
	PLICANT/ADDITION o-Applicant must include a copy			CT. CONTACT
LAST NAME/FIRST NAME OR BUSINESS CO	ONTACT:		-	
DRIVER'S LICENSE:	DATE OF BIRTH:		LAST 4 SSN:	
HOME/CELL PHONE:		WORK PHONE:		
EMAIL:				
Q				
SERVICE CONNECTION INFORMATION SERVICE ADDRESS: SERVICE START DATE (THE DAY YOU CLOSED ON YOUR HOME				
MAILING ADDRESS:		OR AT LEAST ONE	BUSINESS DAY FROM APPLI	CATION):
IF TRANSFERRING SERVICES WHAT IS THE CURRENT SERVICE ADDRESS? WHAT DATE WOULD YOU LIKE TO TERMINATE YOUR CURRENT ACCOUNT (1 TO 2 BUSINESS DAYS)?		HAVE YOU HAD WATER SERVICE WITH CITY OF IONA BEFORE?		
Applicant agrees to observe all City o presented. Service may be discontinue issued, regardless of whether utility account, you must notify Customer S utility charges until the City receive You agree that the City or any compar and communications methods to cor texting your wireless telephone num APPLICANT SIGNATURE:	d if the account becomes de service is terminated. If yo bervices at the phone number es notification regardless of by affiliated the City, include that using the contact infor aber. In the event you deliber subject to criminal prosecu	ations related to utility linquent. A reconnect u are moving or woul r or address listed abov whether a subsequent ng a collection agenc mation provided abov rately provide false in	t fee will be charged if a di d like your name to be rem ove. You are financially res owner or tenant used the v y hired by the City, may us re, including, but not limit iformation in this application	sconnect order is loved from this sponsible for all water services. se various dialing ed to dialing or
	PAGE 1	05.3		



*The City of Iona* 3548 North Main Street, Iona, ID 83427 Phone: (208)-523-5600 Fax: (208)-535-0087 E-mail: iona@cityofiona.org

## INSTRUCTIONS FOR SUBMITTING THE APPLICATION FOR WATER SERVICE

To establish a water services account with the City of Iona, the following items are required:

- 1. Signed and completed application
- 2. Copy of lease or tenant agreement, if renting.
- 3. Copy of driver's license of each person named on the account.

## WATER DEPARTMENT CUSTOMER SERVICE HOURS: MONDAY – FRIDAY 9:00 AM TO 5:00 PM