



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

APPLICATION FOR WATER SERVICE

PLEASE CHECK ALL THAT APPLY

- New Account Transfer Account Realtor Owner/Landlord
 Rent/Lease Residential Commercial New Construction

MUST INCLUDE COPY OF DRIVER'S LICENSE

APPLICANT INFORMATION

| | | |
|--|----------------|------------------------|
| LAST NAME/BUSINESS NAME: | FIRST NAME: | LAST 4 SSN/FED TAX ID: |
| DRIVER'S LICENSE # OR BUSINESS CERT #: | DATE OF BIRTH: | EMAIL: |
| HOME/CELL PHONE: | WORK PHONE: | EMPLOYER: |

CO-APPLICANT/ADDITIONAL ACCOUNT CONTACT

(Co-Applicant must include a copy of driver's license and sign below)

| | | |
|---|--|---|
| <input type="checkbox"/> CO-APPLICANT | <input type="checkbox"/> EMERGENCY CONTACT | <input type="checkbox"/> ADDITIONAL ACCT. CONTACT |
| LAST NAME/FIRST NAME OR BUSINESS CONTACT: | | |
| DRIVER'S LICENSE: | DATE OF BIRTH: | LAST 4 SSN: |
| HOME/CELL PHONE: | WORK PHONE: | |
| EMAIL: | | |

SERVICE CONNECTION INFORMATION

| | |
|--|--|
| SERVICE ADDRESS: | SERVICE START DATE (THE DAY YOU CLOSED ON YOUR HOME OR AT LEAST ONE BUSINESS DAY FROM APPLICATION): |
| MAILING ADDRESS: | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |

SERVICE AGREEMENT

Applicant agrees to observe all City of Iona ordinances and regulations related to utility service and to promptly pay all bills when presented. Service may be discontinued if the account becomes delinquent. A reconnect fee will be charged if a disconnect order is issued, regardless of whether utility service is terminated. If you are moving or would like your name to be removed from this account, you must notify Customer Services at the phone number or address listed above. You are financially responsible for all utility charges until the City receives notification regardless of whether a subsequent owner or tenant used the water services. You agree that the City or any company affiliated the City, including a collection agency hired by the City, may use various dialing and communications methods to contact using the contact information provided above, including, but not limited to dialing or texting your wireless telephone number. In the event you deliberately provide false information in this application you may be subject to criminal prosecution under I.C. § 18-2403.

| | | | |
|----------------------|-------|-------------------------|-------|
| APPLICANT SIGNATURE: | DATE: | CO-APPLICANT SIGNATURE: | DATE: |
|----------------------|-------|-------------------------|-------|



The City of Iona

3548 North Main Street, Iona, ID 83427
Phone: (208)-523-5600 Fax: (208)-535-0087
E-mail: cityclerk@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 – THURSDAY 9:00 AM TO 5:00 PM**