PeopleService, Inc.
209 S. 19TH St. SUITE 555
Omaha, Ne. 68102
Phone 402/932-8143

APPLICATION / DEPOSIT
CITY OF CRESCENT
WATER UTILITIES

ACCOUNT # _____

APPLICATION TYPE: BUSINESS OR RESIDENTIAL (*please circle one*)

SERVICE START DATE: _____

NAME: _____

PHONE: _____ **SS#** _____ **DRIVERS LIC.#** _____

STREET ADDRESS: _____

CITY / STATE : _____ **CRESCENT, IA** _____ **ZIP: 51526-**__ __ __ __

PSI Use only

Date Sent _____
Date Received _____
Received by _____

BILL TO ADDRESS*: (If different from above***)**

STREET ADDRESS: _____

CITY / STATE : _____ **ZIP:** _____

PLACE OF EMPLOYMENT*: (Not applicable to Business application***)**

COMPANY NAME: _____

WORK PHONE: _____

STREET ADDRESS: _____

CITY / STATE : _____ **ZIP:** _____

IF RENTAL PROPERTY, PLEASE COMPLETE:

LANDLORD NAME: _____

LANDLORD PHONE: _____

STREET ADDRESS: _____

CITY / STATE : _____ **ZIP** _____

*** A DEPOSIT MUST BE RECEIVED BEFORE SERVICE CAN BE RENDERED ***

WATER $150_____ SEWER $100_____

APPLICATIONS MUST BE TURNED IN WITHIN 7 DAYS OF START TO AVOID SERVICE INTERUPTION.

DEPOSITS ARE REQUIRED FOR ALL BUSINESS AND RESIDENTIAL PROPERTIES. NO INTEREST IS PAID. INTERRUPTION OF SERVICES WILL OCCUR IF DEPOSIT IS NOT RECEIVED. A $40 TURN-ON FEE WILL BE ASSESSED FOR RESTORATION OF SERVICES.

_____ _____
APPLICANT SIGNATURE **DATE**

Please make deposit check payable to PeopleService, Inc. and return with this application.
ON-LINE AVAILABLE: www.peopleservice.com
THANK YOU!