



CITY OF OXFORD

205 N Augusta Ave
PO Box 481, Oxford, IA 52322 | 319.828.4742
oxfordcityhall@southslope.net

Municipal Utilities Service Application

Today's Date: _____ Service Start Date: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____

Service Address: _____

Mailing Address (if other than service address): _____

Email: _____

Cell Phone #: _____ Work #: _____ Home #: _____

Spouse and/or co-applicant: _____ Date of Birth: _____

Cell Phone #: _____ Email: _____

RENTERS ONLY:

Name of Landlord: _____ Cell Phone #: _____ Email: _____

Landlord will receive notice of delinquent bills. Bills are delinquent when not paid by the 25th of each month. I hereby apply for utility services for the premises listed above beginning on the ____ day of ____ , 20 ____ . Pursuant to the rules and regulations of the City of Oxford, Iowa and under the Iowa Section 384.84(3), I agree to pay all bills rendered by the City of Oxford until I give my notice to discontinue utility service.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

Deposit Required: Yes No Amount Paid: _____ Date Paid: _____

Cash Check

City Clerk Signature: _____ Date: _____