



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 Date: _____

Name of Applicant: _____

Date of Birth: _____ Drivers License #: _____ State: _____

Service Address: _____

Mailing Address (if other than service address): _____

Email: _____

Phone #: _____

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

Phone #: _____ Email: _____

RENTERS ONLY:

Name of Landlord: _____ 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 under the Iowa Section 384.84(3), I agree to the rules and regulation of the City of Oxford until I give my notice to dscontinue utility service.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

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

Cash Check

City Clerk Signature: _____ Date: _____