

CITY OF CALAMUS
P.O. Box 248
Calamus, IA 52729

REQUEST FOR SERVICE

100.00 deposit required

Name on Account: _____

Social Security Number : _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Please check one:

Homeowner _____ Renter: _____

Renters Only:

Landlord Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

For office use only: Account #: _____ Meter Location: _____ Meter reading: _____

Date paid: _____ Deposit amount: _____ Cash _____ Check: _____ Check #: _____

Date of expected return: _____ Date of last delinquency: _____ Date of return: _____