

City of Mechanicsville
100 E. First Street
PO Box 339

Phone 563-432-7756
Fax: 563-432-7199
Email: Mechanicsville@netins.net

Application for City Utilities (Water, Sewer, Garbage, and Recycling)

APPLICANT: _____

Social Security No: _____

Employer: _____

CO-Applicant _____

Social Security No. _____

Employer: _____

Service Address: _____

Billing Address: _____

Telephone _____

Rent or Purchase _____ Connection Date: _____

Replace recycling tubs \$10.00 each (Green for paper, Red for plastics, glass, and tin)

Select Garbage rate: 35 gallon \$8.75 64 gallon \$12 96 gallon \$15

I/We hereby apply for utility services for the service address listed above. I/We agree to pay all bills rendered by the utility for services received from the date of connection to the date services are disconnected. I/We further agree to give notice to the utility of my/our intent to discontinue service.

Signed _____ Date: _____
Applicant

Signed _____ Date: _____
Co Applicant