



City of Boone
 923 8th Street
 Boone, IA 50036

Application for Leak Protection Program

Applicant - Primary

Name	Phone	Social Security #	Date of Birth
Property Address		Mailing Address (if different)	
Employer		Employer Phone #	

Co-Applicant (if applicable)

Co-Applicant Name	Phone	Co-Applicant SS#	Date of Birth:
Co-Applicant Employer		Employer Phone #	

Property Status

<input type="checkbox"/> Rent – Landlord Name: _____ <input type="checkbox"/> Own <input type="checkbox"/> Owner on Contract	_____ Landlord Address:
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Leak Protection Program Participation

Initial appropriate statement(s) below

_____ NO - I do not want to participate in the Leak Protection Program. I understand that any usage of metered water and all associated charges for water and sewer will be my full responsibility.

_____ YES - I want to participate in the leak protection program. I understand the cost of the Program at \$.50 per account per month and that this fee may be adjusted by City Council at any time.

I hereby agree to pay at the office of the City Clerk in City Hall as provided in the rules and regulations of said City of Boone, Iowa, all bills rendered for water consumed upon these premises, according to meter registration until I give the Water Department of said City notice to discontinue the supply. The City shall have access to the city meter and pipes at all times as provided by law. I further agree that my service shall be disconnected when I am more than 15 days delinquent in payment of bill rendered. I further agree that the deposit made with the application may be used to apply on any delinquency.

“Section 6311 of Title 5, United States Code, authorizes the collection of your social security number and driver’s license number on any government form, including a water service request. This information is used by the water department in identifying and verifying the applicant as the person making the application and in the collection of water and sewer fees. This information will only be provided to federal, state and local law enforcement agencies upon proper request, subpoena, or court order. Where the identification number is your social security number, collection of this information is authorized by CFR Executive Order 9397. Any other use will be requested as per the provisions of the Privacy Act in writing. Any failure to provide this information may result in a denial of your request.”

Applicant Signature	Date	Co-Applicant Signature	Date
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