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|  | City of Earlham |

140 South Chestnut Ave.

P.O. Box 518

Earlham, IA 50072

(515) 758-2281

**APPLICATION FOR UTILITY SERVICES**

Name(s) of Applicant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Service Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Earlham, Iowa 50072

Mailing Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (if different than service address)

Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Work Phone: Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Names of other adults living at this address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Information:**

Check which one applies: Buying **\_\_\_\_** Leasing w/option to buy **\_\_\_\_** Renting **\_\_\_\_**

If buying, what is your closing date? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If buying, contractor name/previous owner? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If renting, what is your landlord’s name? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If renting or leasing, what date are you moving in? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check which one applies to you:

Homeowner **\_\_\_\_** Landlord **\_\_\_\_** Tenant **\_\_\_\_** Business **\_\_\_\_** Other **\_\_\_\_**

Have you ever had an account with the City of Earlham? Yes **\_\_\_\_** No **\_\_\_\_**

If yes, under what name? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Earlham. I agree to pay all bills rendered by the City of Earlham until I give notice to the City of Earlham to discontinue said utility services. I further agree to supply a forwarding address within 5 business days of moving.

**Applicants Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Should you have questions relating to the deposit and/or some other aspect of your utility services, please contact the Office of the City Clerk at the number listed above. A copy of the city ordinances pertaining to utility services is available for review at the Office of the City Clerk.

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**OFFICE USE ONLY:**

Water Deposit Amount: $**\_\_\_\_\_\_\_\_\_\_** Received: **\_\_\_\_\_\_\_\_\_\_** Receipt # **\_\_\_\_\_\_\_\_\_\_** By: **\_\_\_\_\_\_\_\_\_\_**

Sewer Deposit Amount: $**\_\_\_\_\_\_\_\_\_\_** Received: **\_\_\_\_\_\_\_\_\_\_** Receipt # **\_\_\_\_\_\_\_\_\_\_** By: **\_\_\_\_\_\_\_\_\_\_**

The above referenced deposit is intended to guarantee payment of bills is required for each service connection

Changes:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Revised 9-15-20*