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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*