

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: _____

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.

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:
