



# APPLICATION FOR UTILITY SERVICE

**SERVICE INFORMATION****\*Required items**

*Today's Date	*Service Start Date
*Service Address	
*Billing Address	

**RESIDENTIAL SERVICE ONLY**

*Applicant Name	*Social Security Number
Co Applicants Name	Social Security Number
*Home Phone	E-mail Address
<b>Would you like to be added to the City's informational email list?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Emergency Contact	*Phone Number

**COMMERCIAL SERVICE ONLY**

*Applicant Name	*Position with Company
*Type of Business	*Tax ID or Social Security #
*Phone Number	*E-mail
*Emergency Contact	*Phone Number

**LANDLORD & RENTAL PROPERTY INFORMATION**

*Landlord Name	
*Landlords Mailing Address	
*Phone number	

All residential accounts will include charges for recycling and garbage service.

The undersigned hereby makes application with the City of Center Point Iowa for water, sewer and garbage services. The undersigned agrees to pay for all utility services supplied by the due date as provided on the bill. The undersigned agrees to complete a termination of service form complete with a forwarding address. Upon receipt of the notification the city will have services discontinued on the date requested if it is not a holiday or a weekend. If notification is not received the undersigned will remain responsible for all services. Deposits will be held for 24 months or until 24 consecutive months has been achieved without a delinquent payment. If the undersigned terminates service prior to the two years the deposit will be applied to the balance on the account either a bill or a refund will be mailed to the forwarding address provided on the termination request.

\_\_\_\_\_  
Applicant Date Co Applicant Date