

CITY OF ANTHON
301 E. Main Street
Anthon, IA 51004-0160

APPLICATION FOR UTILITY SERVICE

To prevent Identity Theft a copy of a Government Issued photo ID is REQUIRED.

PLEASE PRINT

Date of Application: _____ Service Request Date: _____

Name of Primary Applicant: _____

(Responsible for all decisions regarding this account)

Business Name (if commercial): _____

Service Address (Street): _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Primary Phone # _____ Secondary Phone # _____

Social Security Number or FED I.D. # _____

Employer: _____ Work Phone #: _____

Name of Secondary Applicant: _____

(Spouse or other responsible adult in the household, also responsible for decisions regarding this account)

Primary Phone # _____ Secondary Phone # _____

Social Security Number or FED I.D. # _____

Employer: _____ Work Phone #: _____

Other Adults Responsible for the Premise: _____

Is the service address:

Owned

Rented, then enter Landlord's name and phone #: _____

Have you or any other occupant at this address ever had an account with the utility?

If YES, please enter the address: _____

If NO, please initial: _____

Applying for Following Services (check all that apply):

Electric Water & Sewer

Type of Service:

Residential

Commercial (Single Phase)

Demand/Energy (Three Phase)

I hereby apply for the utility services described above and agree to pay all charges incurred in accordance with the rates, rules and regulations legally in effect and on file at the City of Anthon. I understand I must pay a deposit. Upon termination of service, the deposit, less any unpaid utility bill of the customer, shall be reimbursed to the customer or other person who made the deposit.

I (we) have read and understand everything stated on this application. For fax submissions, I understand that my name below serves as a binding signature.

(Signature of Primary Applicant)

(Signature of Other Responsible Adult)

(Signature of Secondary Applicant)

(Signature of Other Responsible Adult)

<i>Office Use Only:</i>	
CUSTOMER DEPOSIT RECORD	
Account # _____	Deposit # _____
Date Deposit Paid: _____	
Electric: \$ _____	
Water/Combined Services: \$ _____	
Total Paid: \$ _____	By Cash or Check Number: _____
=====	
Date Deposit Refunded: _____	
Electric: \$ _____	
Applied To Utility Bill _____	Refunded Full Deposit _____

Date Deposit Refunded: _____	
Water/Combined Services: \$ _____	
Applied To Utility Bill _____	Refunded Full Deposit _____