

| 319-283-5440 | | | | |
|--|---|-----------------|---------------------------|--|
| UTILITY SERVICE AGREEMENT INFORMATION BUSINESS OR RENTAL PROPERTIES PLEASE PRINT LEGIBLY | | | | |
| Business Name: | | | | |
| Owners Name: | SSN/TIN: | | Phone: | |
| Current address moving into/purchasing: | | | | |
| Date of Service: | Purchased (please circle): Owner Occupied Rental | | Renting Landlord Name: | |
| Mailing Address: | | | | |
| City: | State: | | Zip Code: | |
| Email Address(s): | | | | |
| Co-applicant Information if needed | | | | |
| Name: | | | | |
| Email Address: | | | | |
| Phone: | | | | |
| The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services. | | | | |
| Additional Propeties/Rentals: | | | | |
| Address: | | | | |
| Address: | ldress: Address: | | | |
| | Acknowled | gement | | |
| I understand it is my responsibility to contact City Hall to obtain my balance if I do not receive my bill. | | | | |
| I understand my utility bill is due by the | - | onth or 10% per | nalty will be applied. | |
| Failure to receive the bill does not excuse the penalty. | | | | |
| Payments may be made via cash, check, money order, debit, or credit card either in office, drop box, mail, online, or via automatic withdrawal. | | | | |
| Utility Bills 10 days past 2 months due date are subject to disconnection of service and a charge for reconnection is | | | | |
| required. All disconnected accounts are required to be paid in full to a zero (\$0) balance before reconnection. | | | | |
| All disconnected accounts are required to be paid in full to a 2ero (30) balance before reconnection. Account must be in a current balance status to transfer services to another location. Any account that has received a | | | | |
| disconnection notice will not be allowed to transfer services to a new location until the account is paid. | | | | |
| I understand I am responsible for all utility charges for services provided to this location until notice is received, from me, to discontinue my current services. | | | | |
| The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services. | | | | |
| Signature of Applicant: | | | Date: | |
| Signature of Co-applicant: | | | Date: | |
| | | | 1 | |

| For Office Use Only | | | | |
|---------------------|--------------------|--------|--|--|
| Deposit amount | Photo ID Verified: | NOTES: | | |
| □ \$150.00 | | | | |
| □ \$300.00 | | | | |