

20 2nd Ave SW
Oelwein, IA 50662
319-2835440



UTILITY SERVICE APPLICATION INFORMATION – PLEASE PRINT LEGIBLY

Name:		# of people in House:
Date of birth:	SSN:	Phone:
Current address moving into:		
Date of Service:	Purchased: Owner Occupied Rental	Renting Landlord Name:
Previous address:		How Long?
City:	State:	Zip Code:
The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services.		
Signature of Applicant:		Date:

Employment Information

Current employer:	How Long?
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Co-applicant Information

Name:		
Date of birth:	SSN:	Phone:
The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility services.		
Signature of Co-applicant:		Date:

Co-applicant Employment Information

Current employer:

Names of occupants over the age of 18:

Name:	Name:
Name:	Name:

For Office Use Only

Deposit amount	Photo ID Verified:	NOTES:
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Relocation Information

PROPERTY MOVING TO:	PROPERTY MOVING FROM:
ACCOUNT #	ACCOUNT #
ADDRESS	ADDRESS
RENT/LANDLORD _____ PURCHASING FROM _____	RENT/LANDLORD _____ OWN _____ SOLD TO: _____
METER READ DATE WATER ON <input type="checkbox"/>	METER READ DATE WATER OFF <input type="checkbox"/>
WORK REQUEST # / MXU #	WORK REQUEST # / MXU #
NOTES:	NOTES: