

APPLICATION FOR SERVICES MEDIAPOLIS MUNICIPAL UTILITIES

Names of adults residing at service address: (First Name listed will appear on billing)

1. _____

2. _____

Service Address _____

Billing Address _____

Home Phone: _____ Cell: _____ Email: _____

Service Address: _____renting property _____ purchasing property

If renting, owner's name is _____

Employer(s) Name, Address, Phone _____

The following information is kept confidential and is not a public record.

1. SS# _____ Date of Birth _____

2. SS# _____ Date of Birth _____

To prevent identity theft a copy of government-issued photo id is required.

In case emergency services are required and you are unavailable, please list contact

Name: _____ Phone: _____

The deposit will be refunded to you after 12 consecutive months of on-time payment of your city utility bill. Bills are due on the 20th of each month. Failure to pay in a timely manner will result in service disconnection. To resume service, you must make full payment of any outstanding balance and a reconnect fee of \$50 before 2:00 PM on the day of disconnection to have service restored.

I agree to pay all bills rendered by the City of Mediapolis for services received from the date of connection to the date services are discontinued. I further agree to give prior notice to the city of my intent to discontinue services.

I hereby apply for utility services at the service address listed beginning on _____ pursuant to the condition of the utility's rules.

Signature