

ACCT #: \_\_\_\_\_

## 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.

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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 20<sup>th</sup> 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