

City of Panora

102 NW 2nd Street, Box 98

(641) 755-2164 tel

(641) 755-3846 fax

UTILITY SERVICES APPLICATION

Date of Application: _____

Name of Primary Applicant: _____

(Responsible for all decisions regarding this account)

Soc. Sec. Number: ____ - ____ - ____

Address: _____

Mailing Address (*if different): _____

Primary Phone #: _____

Secondary Phone #: _____

Employer: _____

Work Phone: _____

Name of Secondary Applicant: _____

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

Soc. Sec. Number: ____ - ____ - ____

Employer: _____

Work Phone: _____

Other Adults Responsible for the Premise:

(First/Last Name)

(First/Last Name)

Is the service address:

Owned

Rented? If rented, enter landlord's name _____

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 Garbage

Type of Service:

Residential

Other _____

(Describe Premise)

Payment for utility charges incurred at this service location are the responsibility of the applicant(s) listed below. In **case of any action, or court to collect any sums payable hereunder, applicant agrees to pay reasonable attorney fees and collection cost.**

THIS APPLICATION MUST BE COMPLETED IN FULL AND DEPOSIT PAID BEFORE SERVICE IS PROVIDED. ANY FINAL BILLS LEFT UNPAID WILL BE SUBMITTED TO THE IOWA DEPARTMENT OF ADMINISTRATION SERVICES FOR COLLECTION.

(Signature of Primary Applicant)

(Signature of Secondary Applicant)

(Signature of Other Responsible Adult if required)

Office Use Only:

Date Rec'd & Initials: _____

Account #: _____

Electric Dep.: _____ Water Dep.: _____

Deposit Amount: _____

Method of Payment: _____

Date Paid: _____