



# CITY OF STRAWBERRY POINT

## APPLICATION FOR UTILITY SERVICE



Today's Date: \_\_\_\_\_ Start Service Date: \_\_\_\_\_

Contact # 1 Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Contact # 2 Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Contact # 1 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact # 2 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Paper/ E-Bill (Please Circle) E-Bill- Email Address \_\_\_\_\_

Service Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Own \_\_\_\_ Rent \_\_\_\_ Name of Landlord: \_\_\_\_\_

No. of Persons in Household: \_\_\_\_\_

Have you ever had service with this utility before? (Please Circle) Yes / No

If so, when? \_\_\_\_\_

May we obtain a credit reference from a previous address/Landlord? \_\_\_\_\_

Previous Address/Landlord/phone number:  
\_\_\_\_\_

I (We) hereby apply for utility services for the premise listed above pursuant to the rules of the utilities. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills provided to me by the City of Strawberry Point. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. If I am the homeowner, I understand that my deposit will be retained by the City of Strawberry Point for 12 months or until 12 consecutive months of on-time payments, whichever is longer. If I am the renter, I understand that my deposit will be applied to my final bill or refunded after the final bill is paid. By signing below I (we) understand that I (we) are the only ones authorized on this account to obtain any information.

Deposit Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Signature: \_\_\_\_\_ Authorized City Official Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

A copy of the utility's ordinances are available for inspection in our office. These rules are subject to change from time to time.

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