

APPLICATION FOR UTILITY SERVICE



Date: _____

Name: _____

Social Security Number: _____

Spouse: _____

Spouse's SSN: _____

Date of Birth: _____

Date service to begin: _____

Please list any other co-habitators: _____

Service Address: _____

Mailing Address (if different from service): _____

Home Phone: _____

Business Phone: _____

Place of Employment: _____

Own or Rent? _____

Name, Address & Phone # of Landlord if renting:

Fax # 515-462-1963 Email: sswess@cwmu.net

SECURITY DEPOSIT REQUIRED?	
YES	NO
DEPOSIT AMOUNT	
\$ _____	
<i>No deposit is required if you have established a satisfactory credit history with the Winterset Municipal Utilities or if you provide a letter of credit from another utility.</i>	

All the information provided is correct to the best of my knowledge and I am the person responsible for the utility accounts herein applied for until such accounts are closed.

Signature: _____

PHOTO ID

