

APPLICATION FOR UTILITY SERVICES AND AGREEMENT
CITY OF DENVER, IOWA

I apply for utility services and provide the following information:

Name: _____
Last First Middle

Spouse: _____
Last First Middle

Other occupants: _____
Name Age
Name Age
Name Age

Date service requested: _____

Service address: _____
Street
Apartment or Lot Number

Mailing address (if different): _____
Street or P. O. Box
City, State, Zip Code

Employer: _____

Address: _____

In case of emergency contact: _____
Name
Street
City, State, Zip Code
Telephone

If renting: _____
Landlord Name
Street
City, State, Zip Code
Telephone

Photo I.D. - Driver's license: _____

Other: _____

Social Security Number: _____

Spouse Social Security Number: _____

Driver's License Number: _____

Home telephone: _____

Work telephone: _____

Spouse work telephone: _____

Cell phone: _____

Spouse cell phone: _____

Email: _____

Email: _____

Previous address: _____

Spouse Employer: _____

Address: _____

Previous utility service: _____
Company
Street
City, State, Zip Code

Banking information: Name _____
Street Address _____
City, State, Zip Code _____

Other Information:

I agree to pay, and be responsible for, all deposits and bills presented for utility services if this Application is accepted. I agree to abide by the terms of this agreement and all rules, regulations, policies, and ordinances of the City of Denver. Copies are available at the City Clerk's office.

I authorize any credit reporting agency and my previous utility suppliers to release to the City of Denver all information they may have with reference to my credit information and account history. A photocopy of this authorization shall have the same force and effect as this original. If renting, I authorize release, to my landlord, of deposit, payment and usage information.

This agreement shall be performed and enforced in Denver, Bremer County, Iowa. In the event applicant fails to perform this Agreement, then applicant agrees to pay reasonable attorney fees and costs in any collection action. A late payment charge at the rate of 1½% per month shall be added to all accounts not paid within 20 days of billing.

Words and phrases in this Application and agreement shall be construed as in the singular or plural number, and as masculine, feminine, or neutral gender, according to this context.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Applicant

Date

Applicant's Spouse or Other Responsible Applicant

Date