



OFFICE USE ONLY	
Account No.: _____ - _____ - _____	Svc. No.: _____
Deposit Receipt No.: _____	Int.: _____

**APPLICATION FOR UTILITY SERVICES
(Water, Sewer, Garbage, Storm Water & Integrated Waste)**

The City of Fort Madison requires this form to be completed, and, if renting or purchasing on contract, a utility deposit of \$100.00 must be paid before service is connected. There is a \$15 connection fee charged for each new service started.

Today's Date: _____ Service Start Date: _____

Service Address: _____ Class of Service: Res: _____ Business: _____

Full Name (Please Print) _____
Other names used: _____
Social Security Number: _____ - _____ - _____

Name of Spouse &/or other Adult Occupants _____
Other names used: _____
Social Security Number: _____ - _____ - _____

Phone: _____ Own: _____ Rent: _____ Landlord: _____

Mail bill to (if different than above): _____

Employer: _____ Work Phone _____

Other Occupant's Employer: _____ Work Phone _____

Have you previously had an account with us? Yes: _____ No: _____

Previous Address(s): _____ Disconnect Date: _____

GARBAGE CART ON: _____ 65 GALLON CONTAINER _____ 95 GALLON CONTAINER (PLEASE CHECK SELECTION)

**Garbage cart stays at the service location. If not at the designated spot at the time of discontinuation of service, a fee of \$50.00 will be added to the final bill.

*** For every occurrence, when a garbage cart needs to be exchanged for a different size, a \$10.00 charge will be applied.

I/We hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I/We acknowledge that all statements given above are true and accurate to the best of my knowledge. I/We agree to pay for all bills for utility services provided to me by the City of Fort Madison. If I/we fail to pay bills in a timely manner, I/we understand that the services may be discontinued. I/We agree to give prior notice to the City of Fort Madison of my/our intent to discontinue utility services and agree to pay the final bill promptly and in full. I/We also understand that should I/we neglect to make final payment any deposit made with this application will be retained by the City of Fort Madison and applied to my/our final bill or refunded if the final bill is paid in full. I/We further understand that any delinquent accounts must be paid in full before I/we will be allowed utility service at a new Fort Madison address. I/We understand that the city of Fort Madison may submit any delinquent accounts to the Iowa Department of Revenue for collection. Water bills are due on the 15th of each month.

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF FORT MADISON.

Signature: _____ Other Adult Occupants Signature: _____