

# APPLICATION FOR SERVICES-COLUMBUS JUNCTION MUNICIPAL UTILITES

Names of adults residing at service address (First Name listed will appear on billing)

1 \_\_\_\_\_

2 \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Check one** Renting Property  Purchasing Property

Landlord Name/Phone \_\_\_\_\_

Employer Name/Phone \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

DATE OF SERVICE TO BEGIN ON \_\_\_\_\_

\$200.00 Deposit Paid on \_\_\_\_\_

SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(this information will be kept confidential and is not public record)**

\*\*\*To prevent identity theft we require a copy of government issued photo ID\*\*\*

BILLS ARE DUE THE 15TH OF EACH MONTH. FAILURE TO PAY IN A TIMELY MANNER WILL RESULT IN SERVICE BEING DISCONNECTED! TO RESUME SERVICE, YOU MUST MAKE FULL PAYMENT OF ANY OUTSTANDING BALANCE AND RECONNECT FEE OF \$50.00 ON THE DAY OF DISCONNECTION TO HAVE SERVICE RESTORED

By signing this document, I agree to pay all bills rendered by the City of Columbus Junction for services received from the date of connection to the date services are discontinued. I further agree to give prior notice to the city to discontinue services.

IF I FAIL TO DO SO, I UNDERSTAND THAT I AM STILL RESPONSIBLE FOR ANY CHARGES INCURRED UNTIL PROPER NOTICE IS GIVEN TO THE CITY OF COLUMBUS JUNCTION

Signature \_\_\_\_\_

Date \_\_\_\_\_

