

**APPLICATION FOR SERVICES COLUMBUS JUNCTION MUNICIPAL UTILITIES**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

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

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

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

Service Address \_\_\_\_\_ renting property \_\_\_\_\_ purchasing property

Email Address \_\_\_\_\_

If renting, owner's name is \_\_\_\_\_

Employer(s) Name, Address, Phone \_\_\_\_\_

*In case of emergency services are required and you are unavailable, please list contact*

Name \_\_\_\_\_ Phone \_\_\_\_\_

\$100.00 deposit paid on \_\_\_\_\_

Bills are due on the 15<sup>th</sup> of each month. Failure to pay in a timely manner will result in service disconnection. To resume service, you must make full payment of any outstanding balance and a reconnect fee of \$50 by noon on the day of disconnection to have service restored.

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 of my intent to discontinue services.

I hereby apply for utility services at the service address listed beginning on \_\_\_\_\_  
pursuant to the condition of the utility's rules.

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Signature

*The following information is kept confidential and is not public record.*

1. SS# \_\_\_\_\_ - Date of Birth
2. SS# \_\_\_\_\_ - Date of Birth

To prevent identity theft a copy of government-issued photo ID is required.