

City of Hawarden Utility Application

Account Holder Information

Complete Name _____
First MI Last

Address: _____

Phone # _____ Phone # _____

Name of previous utility: _____

Previous Address: _____

Deposit Amount: _____

ACCOUNT INFORMATION:

Full Name of all Occupants of Premises over 18 years of age

Name	Social Security #	Date of Birth

Copy of U.S. issued driver's license or other proof of identity _____

Employer Name, Address & Telephone Number _____

Name, Address, and Telephone of a Relative _____

If Tenant, Name, Address and Telephone Number of Landlord _____

Verification Information that could be used to change account service with a signature, if so desired and others who allowed are access to this account. Password: _____

Forwarding Address/Additional Notes: _____

IN-OUT UTILITIES

Date Service Desired ____ / ____ / ____

Route # _____

Electricity _____ Water _____ Gas _____

Garbage _____ Sewer _____ Pipeline letter _____

Electric # _____ X _____ : _____
 Location _____

Electric # _____ X _____ : _____
 Location _____

Water # _____ X _____ : _____
 Location _____

Water # _____ X _____ : _____
 Location _____

Gas # _____ X _____ : _____
 Location _____

Gas # _____ X _____ : _____
 Location _____

Serviceman: _____ Time Completed: _____

I do hereby make the application to the City of Hawarden and request the above services. I also agree that I will pay for all services as listed above, in the amount as indicated by the established rates of the City of Hawarden until notice is given to discontinue said services. I understand that my deposit and/or credit on account can be used to pay my final bill and any remaining amount can be applied to any other unpaid bills I have with the City of Hawarden. I agree to comply with all rules, regulations, and ordinances pertaining to such services. I certify that the items are true and correct statements under penalties of fraud.

Primary Applicant Signature _____

Date _____

