

City of Hawarden Telephone/Cable/Internet Application

Client Information

Complete Name _____
 Address _____
 Account # _____

First _____ Last _____
 Unit/Apt _____

Locate # _____ Today's Date ____/____/____

Deposit amount:	
Connect Fee:	\$25.00
Prepay Amount:	
Total Amount	

Cell Phone # _____

<u>Cable</u> IN - OUT - MOVE	<u>Digital</u> IN - OUT - MOVE	<u>Phone</u> IN - OUT - MOVE	<u>Phone Features</u>	<u>Office Use</u>
<p style="text-align: center;">Date Service Desired ____/____/____</p> <p>Delete all services <input type="checkbox"/></p> <p style="text-align: right;">In Out</p> <p>Local Package <input type="checkbox"/> <input type="checkbox"/></p> <p>Basic <input type="checkbox"/> <input type="checkbox"/></p> <p>Premium</p> <p style="padding-left: 20px;">HBO <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Cinemax <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Showtime Pkg <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: center;">Date Service Desired ____/____/____</p> <p>Base <input type="checkbox"/> Master List <input type="checkbox"/></p> <p>Showtime/TMC <input type="checkbox"/></p> <p>HBO <input type="checkbox"/></p> <p>Starz/Encore <input type="checkbox"/></p> <p>Cinemax <input type="checkbox"/></p> <p>PPV Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;">Date Service Desired ____/____/____</p> <p>Local Long Distance</p> <p>__Res = D1 = HIRESLD</p> <p>__Business = D1 = HIBUSLD</p> <p>Other _____</p> <p>Y / N LD Block</p> <p>Y / N 900 Blk</p> <p>Y / N Int'l Blk</p> <p>Y / N PIC Freeze</p> <p>Y / N Unlisted</p> <p>Y / N Collect call blk</p> <p style="text-align: center;">Directory Name</p> <p>_____</p>	<p>1 Call Forwarding ___INS</p> <p>2 CF-No Answer</p> <p>3 CF-Busy ___ TNS</p> <p>4 Call Waiting</p> <p>5 Cancel Call Waiting ___Priority</p> <p>6 Call Manager</p> <p>7 Speed Calling</p> <p>8 Caller ID ___Martins</p> <p>9 Call Name & Number Block ___Master</p> <p>10 3-Way Calling</p> <p>11 Serial Hunt ___ Ron</p> <p>12 Voice Mail LifeLine Assistance ___ NLAD</p> <p style="text-align: right;">___ BBX</p>	
<p><u>Internet</u> IN - OUT - MOVE</p> <p style="text-align: center;">Date Service Desired ____/____/____</p>	<p>Set Top Box</p> <p>Standard _____</p> <p>Dual Tuner _____</p>			
<p>Bronze 10M 94.95 <input type="checkbox"/></p> <p>10M Internet & Phone LD 49.95 <input type="checkbox"/></p>		<p>Silver 30M LD 114.95 <input type="checkbox"/></p> <p>Basic Cable & Phone LD 69.95 <input type="checkbox"/></p>		<p>Gold 50M LD 124.95 <input type="checkbox"/></p> <p>Basic Cable & 30M Internet 94.95 <input type="checkbox"/></p>
<p>INTERNET: Up to 3 mbps 29.95 Up to 10 mbps 44.95 Up to 30 mbps 54.95 Up to 50 mbps 64.95</p>		<p>Combo WiFi Router NEED <input type="checkbox"/></p> <p>EMAIL Address: _____</p> <p>PASSWORD: _____</p>		

Move Out Address _____

Move In Address _____

Current modem _____

Current Meg _____

ACCOUNT INFORMATION :

Full name, Soc. Sec. #, & DOB of all occupants of premises over 18 years of age

Name	Social Security #	Date of Birth
_____	_____	_____

Employer name, address & telephone number

Relative name, address & telephone number

If Tenant, name, address & telephone number of Landlord

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

Authorized Individual who can make changes to account _____

Additional Notes _____

I do hereby make the application to the City of Hawarden and request the following services. I also agree that I will pay for all services as listed on the front page, 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 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.

**APPLICANT
SIGNATURE _____ DATE _____ SOCIAL SECURITY# _____
BIRTHDATE _____**

Forwarding Address : _____

Bill To Address : _____

