

APPLICATION FOR UTILITY SERVICE

Eagle Grove Municipal Utilities
Phone: 515-448-4343
Fax: 515-448-3761
Email: a.day@eaglegrove.gov

No SSN-need full \$500 DEP

Met. Dep. \$350.00
GA advance \$15.99
Service fee \$85.60

I hereby apply for utility service(s) to the service address listed below beginning _____, in accordance with the City of Eagle Grove Utility's rules. **I agree to pay all bills rendered for utility consumption until I notify the Utility Office to discontinue said service.**

Rent or Own

Name _____

Service Address _____

Bill To Address _____

Date of Birth ___/___/___ Home Phone # _____ Social Security # _____

Place of Employment:

Name _____ Address _____ Phone _____

Spouse's Name _____

Spouse's SS# _____ Employer _____

LandlordName _____ Acct. # _____

Please note: Utility Bills are:

- Mailed the 1st of **every month**
- Due on the 15th of **every month**
- 10% Late fee on the 16th of **every month**
- Disconnection notifications mailed the 20th of **every month** (\$15.00 process fee applies)
- Disconnection of services last week of **every month**. (\$106.00 service fee applies)

Signature _____

Date _____

*****OFFICE USE ONLY*****

Deposit \$ 350 or 500

Receipt # _____

Date Paid _____

Account # _____

Garbage 15.99

Mail or email bill: _____

Must have two (2) forms of ID