

# 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 \$107.00

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 1<sup>st</sup> of **every month**
- Due on the 15<sup>th</sup> of **every month**
- 10% Late fee on the 16<sup>th</sup> of **every month**
- Disconnection notifications mailed the 20<sup>th</sup> 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