APPLICATION FOR FERTILE MUNICIPCAL UTILITY SERVICES

| Today's Date | Start Service Date |
|--|--|
| Name | Soc. Sec. # |
| | Mandatory |
| Name | Soc. Sec. # |
| Service Address | |
| Billing Address (if different from Service Address) | |
| Garbage Recycling | |
| Prefer electronic bill? yes no both | n (Paper & Electronic) |
| E-mail address | |
| Home Phone | Cell Phone |
| Employer | Phone |
| Employer | Phone |
| acknowledge that all statements given above are to pay for all bills utilities provided to me by the City that utility services may be discontinued. I understate by the City of Fertile for 12 months or until 12 consect homeowners. I further agree to give prior notice to | e premises listed above pursuant to the rules of the utilities. I nonest and accurate to the best of my knowledge. I agree of Fertile. If I fail to pay bills on a timely basis, I understand and the deposit made with this application will be retained cutive months of timely payment whichever is longer for the City of Fertile of my intent to discontinue utility services understand that I will not be allowed utility service at a new e address until the previous bill is paid in full. |
| Signed | Date |
| Signed | Date |
| Deposit \$ Date P | aid |
| Receipted by | |
| at 641-797-2121. A copy of the utility's ordinances | sit or some other aspect of utility service, please call City Hall (operating rules) are available for inspection in our office. . Matters pertaining to rates are under the exclusive |

FOR OFFICE USE ONLY:

Meter Type:

Meter Location:

Deposit Refund Date

Deposit Refund Amount

Deposit Refund Check

City of Fertile PO BOX 161 3494 Eagle Avenue Fertile, IA 50434 641-797-2121 fertilecityclerk@wctatel.net