

# Commercial Utility Service form

Rent/Lease Name of Landlord \_\_\_\_\_ PH# \_\_\_\_\_

**Deposit for New Service is \$150.00 We accept cash, check, money order, Visa, Mastercard & Discover  
(a 4% service fee applies when using a card)**

NAME: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SS# (LAST FOUR) \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**CONTACT NAME** (not living with you) \_\_\_\_\_ PH# \_\_\_\_\_

Is there a trash can at this service address?  Yes  No

Is the water on at this service address?  Yes  No

**THE UNDERSIGNED AGREES TO BE RESPONSIBLE FOR ALL UTILITY PAYMENTS FOR SERVICES RENDERED  
BY THE TOWN OF IOWA IN ACCORDANCE WITH THIS APPLICATION.**

Date Service Desired: \_\_\_\_\_ Meter Reading: \_\_\_\_\_

**(Please have all faucets in off position as the Town of Iowa will not be held responsible for any  
damage)**

Applicant Signature \_\_\_\_\_

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**OFFICE USE ONLY**

Customer number \_\_\_\_\_ Utility Clerk \_\_\_\_\_