



OFFICE USE ONLY	
Account No.: _____ - _____ - _____	Svc. No.: _____
Deposit Receipt No.: _____	Int.: _____

**APPLICATION FOR UTILITY SERVICES
(Water, Sewer, Garbage, Storm Water & Integrated Waste)**

The City of Fort Madison requires this form to be completed, and, if renting or purchasing on contract, a utility deposit of \$100.00 must be paid before service is connected. There is a \$15 connection fee charged each time new service is started. Current identification is required.

Today's Date: _____ Service Start Date: _____

Service Address: _____ Class of Service: Res: _____ Business: _____

Full Name (Please Print) _____ Other names used: _____ Social Security Number: _____ - _____ - _____

Name of Spouse &/or other Adult Occupant _____ Other names used: _____ Social Security Number: _____ - _____ - _____

Phone: _____ Own: _____ Rent: _____ Landlord: _____

Mail bill to (if different than above): _____

Preferred Bill Delivery Method: Paper _____ E-Mail Address _____
 E-Mail _____

Employer: _____ Work Phone _____

Other Occupant's Employer: _____ Work Phone _____

Have you previously had an account with us? Yes: _____ No: _____

Previous Address(s): _____ Disconnect Date: _____

(PLEASE CHECK SELECTION)

Current Garbage Cart _____ OR 95 Gallon Container

**Garbage cart stays at the service location. If not at the designated spot at the time of discontinuation of service, a fee of \$55.00 will be added to the final bill.

*** For every occurrence, when a garbage cart needs to be exchanged for a different size, a \$15.00 charge will be applied.

I/We hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I/We acknowledge that all statements given above are true and accurate to the best of my knowledge. I/We agree to pay for all bills for utility services provided to me by the City of Fort Madison. If I/we fail to pay bills in a timely manner, I/we understand that the services may be discontinued. I/We agree to give prior notice to the City of Fort Madison of my/our intent to discontinue utility services and agree to pay the final bill promptly and in full. I/We also understand that should I/we neglect to make final payment any deposit made with this application will be retained by the City of Fort Madison and applied to my/our final bill or refunded if the final bill is paid in full. I/We further understand that any delinquent accounts must be paid in full before I/we will be allowed utility service at a new Fort Madison address. I/We understand that the city of Fort Madison may submit any delinquent accounts to the Iowa Department of Revenue for collection. Water bills are due on the 15th of each month. I/We hereby authorize the City of Fort Madison to initiate electronic water/sewer/garbage bills via e-mail for the account listed above. I acknowledge that it is my responsibility to notify the City of any changes of the e-mail address. Failure to receive a statement or update an e-mail address does not relieve me of the responsibility of making payments as they are due. I understand that by approving electronic billing, I will no longer receive a mailed paper bill.

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF FORT MADISON.

Signature: _____ Other Adult Occupants Signature: _____