

**CITY OF GUTTENBERG**  
PO Box 580, Guttenberg, IA 52052  
563-252-1161 FAX 563-252-3157  
**APPLICATION FOR UTILITY SERVICE**

Date Service to Begin \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PRIMARY APPLICANT \_\_\_\_\_

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

MAILING ADDRESS (\*IF DIFFERENT) \_\_\_\_\_

NO. PERSONS IN HOUSEHOLD \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\* \_\_ Yes, I would like to receive electronic bills \_\_ No, I would like my bills mailed.

HOME PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PROVIDER \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_

BANK NAME: \_\_\_\_\_ BANK CITY/STATE: \_\_\_\_\_

\* \_\_ Yes, I would like my utility bills paid via ACH \_\_ No, I will pay my bills via other means monthly

NAME OF SECONDARY APPLICANT: \_\_\_\_\_

(Spouse or other responsible adult in the household, also responsible for decisions regarding this account)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OTHER ADULTS RESPONSIBLE FOR THE PREMISE:

\_\_\_\_\_

(First/Last Name)

(First/Last Name)

Is the service address: \_\_\_ owned \_\_\_ rented/if so name of landlord \_\_\_\_\_

APPLYING FOR THE FOLLOWING SERVICES: \_\_\_ ELECTRIC \_\_\_ WATER \_\_\_ SEWER \_\_\_ GARBAGE

Type of service: \_\_\_ Residential \_\_\_ Other \_\_\_\_\_

(Describe Premise)

HAVE YOU OR ANY OTHER OCCUPANT AT THIS ADDRESS EVER HAD SERVICE WITH THIS UTILITY OR ANOTHER ELECTRIC OR GAS COMPANY? **WE REQUIRE A 12 MONTH CREDIT HISTORY OR A DEPOSIT.**

IF YES, PLEASE ENTER ADDRESS \_\_\_\_\_

IF NO, PLEASE INITIAL AND INQUIRE ABOUT DEPOSIT AMOUNT: \_\_\_\_\_

DOES ANYONE IN HOUSEHOLD HAVE A HEALTH CONDITION THAT REQUIRES THE USE OF EQUIPMENT POWERED BY ELECTRICITY THAT WOULD CAUSE DISCONNECTION IN THE FUTURE TO BE HAZARDOUS TO HIS/HER HEALTH? (I.e., oxygen, dialysis, etc.) \_\_\_ NO \_\_\_ YES

IF USING OXYGEN, WOULD YOU LIKE TO BE NOTIFIED DURING POWER OUTAGES? \_\_\_\_\_

I hereby apply for the utility services described above and agree to pay all charges incurred in accordance with the rates, rules, and regulations legally in effect and on file at the utility. I understand I may be required to pay a deposit, which will be refunded or credited to my account at the completion of 12 billing periods during which no late charges have been assessed. If the account is closed, the deposit will be refunded upon the final bill being paid in full. I understand it is my responsibility to inform the utility if any of the above information changes. I understand that the utility is not obligated to provide service if it feels it is not in the best financial interest of the utility. All facts stated in this application are true. I (we) have read and understand everything stated on this application. For e-submissions, I understand that typing my name below serves as a binding signature.

\_\_\_\_\_  
PRIMARY APPLICANT

\_\_\_\_\_  
SECONDARY APPLICANT

\_\_\_\_\_  
OTHER RESPONSIBLE PARTY

\_\_\_\_\_  
OTHER RESPONSIBLE PARTY

### UTILITY USE ONLY

Date Rec'd & Initials: \_\_\_\_\_

Date Approved & Initials: \_\_\_\_\_

Account #: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Date LOC Rec'd: \_\_\_\_\_

Application denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Revised February 2020