

CITY OF PANORA
501 East Market Street, Box 98
641/755-2164 tel
641/755-3846 fax
UTILITY SERVICE APPLICATION

Payment for utility charges incurred at this service location are the responsibility of the applicant(s) listed below. Please provide all information requested on the application as the City of Panora relies upon this information in order to provide timely and necessary administrative billing service to the utility customers at this location. **In the case of any action, or in any proceeding in Court to collect any sums payable hereunder, Applicant agrees to pay reasonable attorney's fees and collection costs. THIS APPLICATION MUST BE COMPLETED IN FULL AND DEPOSIT PAID IN FULL BEFORE SERVICE IS PROVIDED. ANY FINAL BILLS LEFT UNPAID WILL BE SUBMITTED TO THE IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES FOR COLLECTION.**

DATE OF APPLICATION _____

A. SERVICE ADDRESS: _____

B. TELEPHONE (at service address): _____

C. NAMES OF ALL ADULTS LIVING AT SERVICE LOCATION: If multiple adults are living at location, all need to sign application below before service is provided.

1. CUSTOMER NAME _____ SOCIAL SECURITY # _____ Customer Work Telephone: _____ In case of Emergency: Name of Nearest Relative _____ Telephone _____
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2. CUSTOMER NAME _____ SOCIAL SECURITY # _____ Customer Work Telephone: _____ In case of Emergency: Name of Nearest Relative _____ Telephone _____
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3. CUSTOMER NAME _____ SOCIAL SECURITY # _____ Customer Work Telephone: _____ In case of Emergency: Name of Nearest Relative _____ Telephone _____
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-OVER-

4. CUSTOMER NAME _____ SOCIAL SECURITY # _____

Customer Work Telephone: _____

**In case of Emergency:
Name of Nearest Relative**

_____ Telephone _____

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MAIL BILL TO (name of person(s)/organization/estate):

MAILING ADDRESS (if different from service location):

-
 Own
 Rent

If renting service location, provide the following: **NAME OF LANDLORD** _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____

UTILITY SERVICES REQUESTED: (check all that apply). Solid waste/recycling is mandatory for single-family residential customers.

- Water**
 Waste Water
 Electric
 Garbage (if single family residential)

If residential, **TOTAL NUMBER OF OCCUPANTS** (including children) at service location: _____

PREVIOUS UTILITY SERVICE COMPANY (name and city): _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

.....
FOR OFFICE USE ONLY

Account Number _____ Initialed _____

Electric Deposit Paid _____ Date _____

Copy of Driver's License ___ Yes ___ No

Water Deposit Paid _____ Date _____