

City of Panora

102 NW 2nd Street, Box 98

(641) 755-2164 tel

clerk@cityofpanora.com

UTILITY SERVICES APPLICATION

Date of Application: _____

Name of Primary Applicant: _____ **Soc. Sec. Number:** ____ - ____ - ____

(Responsible for all decisions regarding this account)

Address: _____

Mailing Address (*if different): _____

Email Address (*required*): _____

Primary Phone #: _____ **Secondary Phone #:** _____

Employer: _____ **Work Phone:** _____

Name of Secondary Applicant: _____ **Soc. Sec. Number:** ____ - ____ - ____

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

Employer: _____ **Work Phone:** _____

Emergency Contact (Does not reside with you): _____
(First/Last Name) (Phone number)

Is the service address:

☐ Owned

☐ Rented? If rented, enter landlord's name _____

Have you or any other occupant at this address ever had an account with the utility?

If YES, please enter the address: _____

If NO, please initial: _____

Applying for Following Services (check all that apply):

☐ Electric ☐ Water & Sewer ☐ Garbage

Type of Service:

☐ Residential

☐ Other _____

(Describe Premise)

Payment for utility charges incurred at this service location are the responsibility of the applicant(s) listed below. In **case of any action, or court to collect any sums payable hereunder, applicant agrees to pay reasonable attorney fees and collection cost.**
THIS APPLICATION MUST BE COMPLETED IN FULL AND DEPOSIT PAID BEFORE SERVICE IS PROVIDED. ANY FINAL BILLS LEFT UNPAID WILL BE SUBMITTED TO THE IOWA SETOFF PROGRAM FOR COLLECTION.

(Signature of Primary Applicant)

(Signature of Secondary Applicant)

Office Use Only:

Date Rec'd & Initials: _____ Account #: _____ Electric Dep.: _____ Water Dep.: _____

Deposit Amount: _____ Method of Payment: _____ Date Paid: _____