

# City of Camanche

818 7<sup>th</sup> Ave, Camanche, Ia 52730 563-259-8342

## Application for Municipal Utility Services

Account Number: \_\_\_\_\_

Applicant Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

SSN# \_\_\_\_\_ SSN# \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Date Deposit Paid: \_\_\_\_\_ Check:  Cash:  Debit/Credit Card

RENTING:  OWN:

Landlord: \_\_\_\_\_

Landlord Phone #: \_\_\_\_\_

## Notice to Applicant-PLEASE READ

I, the undersigned, agree to pay for all utilities provided to me by Camanche Municipal Utilities. If I fail to pay bills on a timely basis, I understand that utility service may be discontinued and additional costs will be applied to my bill due to this. Shut-off fee \$25.00, Re-connect fee \$50.00, Re-connect fee after hours \$125.00. In the case of disconnection for non-payment, I understand that FULL payment of any outstanding balance up to and including the date of disconnection and a reconnection service charge will be required to have utilities reconnected at your location.

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

Signature: \_\_\_\_\_