818 7th Ave PO Box 77
Camanche, Iowa 52730
563-259-8342 www.camancheia.org

APPLICATION FOR MUNICIPAL UTILITY SERVICES

Account # _____ Date Effective: _____

Rent: ☐ Own: ☐ Landlord Name: _____ Phone #: _____

Deposit $150.00 Date Paid: _____

(The deposit will remain on the account until the resident moves or transfers to another Camanche address. If the account is paid up to date, the deposit will be refunded.)

Primary Applicant Name: _____

SERVICE ADDRESS: _____
Mailing Address: _____
(If different from Service Address) Address/City/State/Zip

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

SSN: _____ License Verification: _____

Employer & Number: _____

Secondary Applicant Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

SSN#: _____ License Verification: _____

Employer & Number: _____

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 the bill on a timely basis, I understand that utility services may be discontinued, and additional costs will be applied to my bill. In the event of disconnection due to non-payment, I know that full payment of any outstanding balance up to and including the date of disconnection, plus a reconnection fee, will be required to have your utilities reconnected at your location.

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____