

**City of Camanche**  
818 7<sup>th</sup> Ave, Camanche, IA 52730 563-259-8342

**Application for Municipal Utility Services**

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

**Applicant Name:** \_\_\_\_\_

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

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

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

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

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

**Date Deposit Paid:** \_\_\_\_\_ **Check:**  **Cash:**

**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, Reconnect fee \$25.00, Reconnect fee after hours \$50.00. 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 in order to have utilities reconnected at your location.

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

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