

APPLICATION FOR MERRILL MUNICIPAL UTILITY SERVICES

608 MAIN ST
MERRILL, IA 51038
712-938-2514

DATE OF APPLICATION: _____

SERVICE DATE: _____

| APPLICANT | CO-APPLICANT |
|-------------------------|-------------------------|
| NAME: _____ | NAME: _____ |
| DOB: _____ | DOB: _____ |
| SOCIAL SECURITY#: _____ | SOCIAL SECURITY#: _____ |
| DRIVERS LICENSE#: _____ | DRIVERS LICENSE#: _____ |
| PHONE: _____ | PHONE: _____ |
| EMAIL: _____ | EMAIL: _____ |

ALL FIELDS REQUIRED

COMMERCIAL ___ RESIDENTIAL ___

SERVICE ADDRESS: _____, MERRILL, IOWA 51038

OWN ___ RENT ___ NAME OF LANDLORD _____ PHONE: _____

BILLING ADDRESS: *(if applicable)* _____

PREVIOUS ADDRESS: *(if moving within Merrill)* _____ **DATE OF FINAL BILL** _____

I (We) hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills and utilities provided to me by the City of Merrill. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued, and a \$25 reconnection fee will be applied. I understand the deposit made with this application will be retained by the City of Merrill and will be applied towards the final bill upon vacating the premises. I further agree to give prior notice to the City of Merrill of my intent to discontinue utility services and agree to pay my final bill promptly and in full.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

----- OFFICE USE ONLY -----

DEPOSIT: \$125.00 **PAYMENT TYPE:** _____ **DATE:** _____

RECEIPTED BY: _____, CITY CLERK

METER READ: _____ **ACCOUNT#:** _____