

CITY OF DIKE

I HEREBY APPLY FOR MUNICIPAL SERVICES TO BE DELIVERED AT THE SERVICE ADDRESS LISTED BELOW BEGINNING _____, PURSUANT TO THE UTILITY'S RULES AND REGULATIONS.

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

SOCIAL SECURITY # _____ HOME PHONE # _____

CURRENT EMPLOYER & ADDRESS _____

SPOUSES NAME _____

SOCIAL SECURITY # _____

CURRENT EMPLOYER & ADDRESS _____

CLOSEST LIVING RELATIVE & ADDRESS _____

NUMBER OF PERSONS RESIDING AT THIS ADDRESS _____

NAME OF BANK _____

BANK ADDRESS _____

NAME OF OWNER IF RENTING _____

ADDRESS OF OWNER IF RENTING _____

PHONE # OF OWNER IF RENTING _____

PREVIOUS ADDRESS _____

PREVIOUS EMPLOYER _____

PREVIOUS UTILITY COMPANY _____

HAVE YOU PREVIOUSLY BEEN A CUSTOMER OF DIKE UTILITIES?

NO YES WHAT YEAR _____

WOULD YOU NEED TO BE CONTACTED BECAUSE OF A MEDICAL CONDITION IF THE POWER WOULD GO OUT?

YES NO

RECEIPT FOR DEPOSIT

A DEPOSIT IS INTENDED TO GUARANTEE PAYMENT OF BILLS FOR SERVICE IS REQUIRED FOR EACH SERVICE CONNECTION. A NEW OR ADDITIONAL DEPOSIT MAY BE SUBSEQUENTLY REQUIRED, UPON REASONABLE NOTICE, IN THE EVENT THE DEPOSIT HAS BEEN REFUNDED OR IS FOUND TO BE INADEQUATE OR WHERE A CUSTOMER'S CREDIT STANDING IS NOT SATISFACTORY TO THE MUNICIPALITY.

RECEIVED FROM _____
ADDRESS _____
DATE RECEIVED _____
AMOUNT RECEIVED _____
RECEIPT # _____

I, _____, AM HEREBY APPLYING FOR UTILITY SERVICES FROM THE CITY OF DIKE, IOWA. ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL UTILITY ACCOUNTS, WHICH ARE IN MY NAME. SHOULD I CEASE TO RESIDE AT THE SERVICE ADDRESS OR CEASE TO NEED THE ACCOUNT IN MY NAME, I WILL CONTACT THE CITY OF DIKE WITHIN 10 (TEN) DAYS AT 540 MAIN STREET, DIKE, IOWA AND NOTIFY THEM OF THE PERSON OR PERSONS WHOSE NAME THE ACCOUNT SHOULD BE PLACED UNDER. I FURTHER UNDERSTAND THAT SHOULD I DEFAULT ON THIS ACCOUNT, THE CITY OF DIKE HAS LEGAL RIGHTS UNDER THE LAWS OF THE STATE OF IOWA TO COLLECT THE AMOUNT IN DEFAULT AND LEGAL REMEDIES WILL BE SOUGHT.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____