

CITY OF GILMORE CITY
APPLICATION FOR UTILITY SERVICE

Today's Date: _____

Service Request Date: _____
 (Move in date)

___ Commercial ___ Residential Landlord

___ Homeowner ___ Renter

Full Name (Please Print)
Social Security Number _____
Driver's License Number _____

Names of Spouse &/or Other Occupants
Social Security Number _____
Driver's License Number _____

BILLING INFORMATION – Must provide drivers license or other picture ID for the City to copy for proof of identity.

Street Address:	Mailing Address:
_____	_____
Gilmore City, IA 50541	_____
Phone Number: _____	Cell Number: _____
Landlord or Owner's Name	_____
Phone	_____
Employer	Occupation/Title
Name: _____	_____
Address: _____	Work Phone: _____
_____	_____
Nearest Relative Not Living With You	
Name: _____	Phone: _____
Address: _____	_____
_____	_____

The undersigned hereby makes application with the City of Gilmore City, Iowa for gas, water, sewer and garbage services. The undersigned agrees to pay for the utility services supplied. The utility billing due date is the twenty fifth (25th) of every month. Payments not received by the 25th of the month are subject to a late penalty of 5%.

The undersigned agrees to notify the said city, in writing or in person of termination of service. The notice will include a forwarding address to send the final bill to upon notification. The said city will have the services discontinued within one week of the date of notice.

Signature _____

Attest _____

DEPOSIT REQUIRED*	
GAS _____	PAID _____ (DATE)
WATER \$90 _____	CK / CASH / MO _____ #
TOTAL _____	
*For City Official Use only	