

CITY OF ROLFE
APPLICATION FOR UTILITY SERVICE

Today's Date: _____

Service Request Date: _____

(Move in date)

___ Commercial ___ Residential Landlord

___ Homeowner ___ Renter

Full Name (Please Print) _____

Names of Spouse &/or Co-Occupants/Co-Owners _____

Social Security Number _____

Social Security Number _____

Driver's License Number _____

Driver's License Number _____

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

Street Address: _____

Mailing Address: _____

Rolfe, 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: _____

Address: _____

Phone: _____

The undersigned hereby makes application with the City of Rolfe, Iowa for gas, water, sewer, storm water, recycling, and garbage services. The undersigned agrees to pay for the utility services supplied. The utility billing due date is the 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.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Attest _____

DEPOSIT REQUIRED*

GAS _____ PAID _____ (DATE)

WATER \$100 _____ CK/CASH/MO _____ #

SEWER \$100 _____

TOTAL _____

*For City Official Use Only