

**CITY OF KEOSAUQUA/KEOSAUQUA LIGHT & POWER
APPLICATION FOR UTILITY SERVICES**

Services Required: ___Water ___Sewer ___Electric ___Garbage ___Storm Water

DEPOSITS: WATER/SEWER: \$150.00 GARBAGE: \$25.00
ELECTRIC (without letter of credit): _____(Minimum of \$100.00)

NAME OF APPLICANT (Name on account) _____
Social Security Number _____ Birth Date _____

Names of all other adults living in Household _____

If married – indicate Maiden Name _____

Have you had service with us before? _____ If yes, indicate what year: _____
Address of Prior Service: _____

NEW SERVICE ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

HOME PHONE #: _____ WORK PHONE #: _____

NAME OF EMPLOYER: _____

Do you own or rent this facility? ___ own ___ rent. If rent, list landlord _____

I hereby apply for utility services for the address listed above. I agree to pay all bills rendered by the utility for service received from the date of connection to the date services are disconnected. I further agree to give notice to the utility of my intent to discontinue services.

APPLICANT SIGNATURE: _____ DATE: _____

DESIRED EFFECTIVE DATE: _____

Please designate a person to contact in case of an emergency. Do not list those residing at this location.

NAME: _____ PHONE: _____

ADDRESS: _____

FOR UTILITY USE ONLY

Approved by: _____ Date: _____

ELECTRIC LETTER OF CREDIT RECEIVED: _____

UTILITY ACCOUNT NUMBER: _____ FROM ACCOUNT: _____

NOTES: _____