

APPLICATION FOR UTILITY SERVICE

City of Estherville
 PO Box 417
 Estherville, IA 51334
 (712) 362-3574
 (712) 362-7773 - Fax

Customer Name (Last, First, Middle, Maiden)		Date of Application
Service Address		Date Service Desired
Mailing Address (If different from above)		Phone Number
Customer Email Address:		
Your Social Security No.	Marital Status (Please Circle) Married Single Separated	# of Children
Spouses Name and/or Person With Whom Sharing Dwelling		Social Security No.
Your Occupation	Employer (Name and Address)	How Long?
Spouses Occupation	Employer (Name and Address)	How Long?
Name of Bank for Each Type of Account		
Checking:		Savings:
Are You Buying This Home? Yes No	Mortgage Holder:	
	Address:	
	Landlord:	
	Address: (if not Estherville)	
Previous Employer (Name and Address)		How Long?
Customer's Previous Address (street, city, state)		How Long?
Previous Utility Company	Electric (Name & Address)	
	Gas (Name & Address)	
Have you previously been a customer of Estherville Municipal Utilities? No Yes If yes, at what address?		
<u>Name, Address, Phone # of Person to Notify in Case of an Emergency</u>		
Applicant Signature		Date

\$ _____ Amount of Deposit Paid
 or
 _____ Credit Letter Received
 _____ Credit Letter Pending

Receipt No. _____
 Account No. _____