

APPLICATION & AGREEMENT FOR UTILITY SERVICE

PLEASE PRINT

| CURRENT INFORMATION | ☐ Owner ☐ Renter |
|---|--|
| Date: | Move In/Possession Date: |
| Name: | |
| Address You Are Moving Into: | |
| Landlord Name & Phone Number: | |
| Address You Would Like Your Bills Mailed to: | |
| Phone/Cell Number: | Social Security Number: |
| Date of Birth: | Driver's License #: State Number |
| Have you or your spouse/roommate ever had service from the City of Manchester before? | |
| If yes, under what name(s): | |
| Address(es): | |
| | |
| Person(s) authorized to make changes on this acco | ount: |
| | |
| Please provide your prior address: | |
| Alternate Contact & Phone Number: | |
| | |
| Any all services provided shall be subject to the regulations, policies, rates, an authorization requested, may be denied service or charged a service deposit \mathbf{s} | d charges of the City of Manchester. Applicants NOT providing the information requested here or giving the ifficient to pay the total of any two months utility charges. |
| The initial deposit paid prior to providing service is to be considered minimum for a service deposit. Should it be determined that a larger deposit is required, the applicant must pay the additional deposit within five (5) days of mailing of notification. Failure to make any additional deposit as required will result in the service being disconnected until payment is received. | |
| The applicant shall be responsible for all proper utility charges for service providiscontinue service. | ded to this location until notification is received from the applicant of his proper authorized representative to |
| Service may be denied or discontinued if it is determined that the applicant or any person residing at the service location owes uncollected utility bills or has other indebtedness due to the City of Manchester. | |
| By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Manchester has the right to collect any sum due and owed by the applicant through the Iowa Income Offset Program of the applicant's state income tax refund. If the City of Manchester chooses to pursue debts owed by the applicant through the Iowa Income Offset Program, the applicant agrees to pay all fees and costs incurred through the offset process, including fees charged by the City of Manchester. If the City of Manchester chooses to pursue debts in a manner other than the Iowa Income Offset Program, the applicant agrees to pay the costs and fees associated with the selected manner as well. | |
| THIS IS A CONTRACTURAL AGREEMENT: The above information is complete and correct to the best of my knowledge. I hereby authorize the City of Manchester, or its agent, to conduct an investigation concerning information relating to utility service. I also authorize the City of Manchester to provide information to my prior and future utility suppliers as may be requested by them. I hereby acknowledge and agree to the conditions of service indicated. | |
| DATE | SIGNATURE OF APPLICANT |
| CITY OFFICE USE ONLY | |
| Account Number: | Clerk's Initials: |
| Notes: | |
| | |