



Manchester
IOWA
FAMILY. COMMUNITY. OPPORTUNITY.

CITY OFFICE USE ONLY

A/C #: _____

CASH Check/MO CC

APPLICATION FOR UTILITY SERVICES

Owner Renter

ADDRESS: _____ POSSESSION DATE: _____

APPLICANT INFORMATION

Name(s) on the Account: _____

Responsible Party: _____

Mailing Address (if different than the property address): _____

Phone/Cell Number: _____ DOB: _____

Social Security Number: _____ Driver's License #: _____

Email Address: _____

By checking this box, I am requesting paperless billing. My bill will be sent through email. I understand I will not receive a paper bill.

Yes No I/my spouse/my roommate has had City of Manchester utility services in the past.

Name(s): _____

ACKNOWLEDGEMENT

Yes No I understand I should receive my bill by the 1st day of each month.

Yes No I understand it is my responsibility to contact the City Office to obtain my balance if it has not been received by the 10th day of the month.

Yes No I understand my utility bill is due by the close of business on the 10th day of the month.

Yes No I understand I can pay my utility bill via cash, check, moneyorder, debit, credit, in-office, mail, dropbox, bill pay, through the City's website or via automatic withdrawal from my checking account.

Yes No I understand if my utility bill is not paid by the close of business on the 10th day of the month, I may be subject to penalties and/or disconnection of services.

Yes No I understand if I am unable to pay my bill on time it is my responsibility to contact the City Office to make payment arrangements. If the terms of the payment arrangements are not met, I may be subject to disconnection of services and my utilities will not be reconnected until my bill is paid in full for all charges incurred for shutoff.

Yes No I understand I am responsible for all utility charges for service provided to this location until notification is received, from me, to discontinue service.

SIGNATURE OF APPLICANT

DATE