

APPLICATION FOR UTILITY SERVICE

**City of Richland
P.O. Box 262 – 109 N. Richland St.
Richland, IA 52585
(319) 456-2511**

NAME: _____ SSN: _____

Street address of requested service: _____

Billing Address: _____ Phone No: _____

Owner of the property: _____ No. of people in household: _____

Current employer: _____ Phone No: _____

Name of utility provider at previous address: _____

Nearest emergency contact if we are unable to contact you and emergency service is required at the property:

Name: _____ Phone No. _____

NOTICE TO APPLICANT—PLEASE READ BEFORE SIGNING

I, the undersigned, agree to pay for all utilities provided to me by the City of Richland. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. I understand the deposit made with this application will be retained by the City of Richland until I move from this residence. In addition, should I leave the City of Richland's utility service area with an outstanding balance due, or should my services be discontinued for non-payment, my deposit will be credited to said outstanding account and the balance, if any, forwarded to me. In the case of disconnection for non-payment, the service charge established by the City Council, via Resolution 02-07-17, will be \$25 to disconnect service and an additional \$25 to reconnect service on at a later date, for a combined total cost of \$50. This amount, in addition to the outstanding balance, will be required to have utilities reconnected at that location, or to get utility service at a new location in the service area. I understand that in the event I am renting, my landlord may request information or be notified of the status of my account.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Deposit Amount: _____ (Owner \$100, Renter \$150)

Cash: _____ Check No. _____

Deposit Applied to final bill? _____

Account # _____

Deposit balance refunded? _____

Date Deposit Paid: _____

Date applied/refunded: _____