

City of Hanlontown
PO Box 5
Hanlontown, IA 50444

APPLICATION FOR UTILITY SERVICE

NAME: _____ EMPLOYER'S NAME: _____

PHYSICAL ADDRESS: _____ EMPLOYER'S ADDRESS: _____

CITY: _____ EMPLOYER'S PHONE #: _____

STATE: _____ ZIP CODE: _____ SPOUSE NAME: _____

MAILING ADDRESS: _____ SPOUSE'S EMPLOYER: _____

CITY: _____ SPOUSE'S EMPLOYER ADDRESS: _____

STATE: _____ ZIP CODE: _____ SPOUSE'S BIRTH DATE: _____

PHONE #: _____ SPOUSE'S SOCIAL SECURITY #: _____

CELL PHONE: _____ SPOUSE'S DRIVER'S LICENSE: _____

BIRTH DATE: _____ OWN: _____ RENT: _____

SOCIAL SECURITY #: _____ OWNER'S NAME: _____

DRIVER'S LICENSE: _____ OWNER'S MAILING ADDRESS: _____

FOR OFFICE USE: STATE: _____ ZIP CODE: _____

DEPOSIT AMOUNT _____

DATE #: _____

CHECK #: _____

I agree to pay for all utilities provided to me by the City of Hanlontown. If I fail to pay bills on a timely basis, I understand that utility service may be discontinued. Payments of cash are not acceptable. As an alternative to cash, we suggest using a money order. Money orders are available locally at the US Postal Service. In case of disconnection for non-payment, I understand that full payment of any outstanding balance up to and including the date of disconnection service charge will be required in order to have utilities reconnected at the physical location or to get utility service at a new location in the service area.

Signature: _____ Date: _____