

**EARLY MUNICIPAL UTILITIES**  
**107 Main St, PO Box 411**  
**Early IA 50535-0411 712-273-5283**

**APPLICATION FOR UTILITY SERVICE**

Physical Address Service Requested At: \_\_\_\_\_ Landlord Phone (If Applicable): \_\_\_\_\_

Own  Rent  Name of Landlord (If Applicable): \_\_\_\_\_

Number of Bedrooms: 1 2 3 4 or More Number of Persons Who Live Here: 1 2 3 4 5 6 7 8 or More

Mailing Address (Please include PO BOX if applicable): \_\_\_\_\_

Applicant's Name : \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Co-Occupant Name : \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you whom we could contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following information is confidential and is not public record:**

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number (applicant):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Driver's License number:** \_\_\_\_\_

**Co-Occupant or Spouse Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number (spouse):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

**Notice To Applicant – Please Read**

I/We agree to pay for all utilities provided to me by Early Municipal Utilities. If I/we fail to pay bills on a timely basis, I/we understand that utility service may be discontinued. Should I/we leave Early Municipal Utilities' service area with an outstanding balance due them, or should my service be disconnected for non-payment, my deposit will be credited to said outstanding account, and the balance, if any forwarded to me/us. In the case of disconnection for non-payment, I/we understand that full payment of any outstanding balance up to and including the date of disconnection service charge will be required to have utilities reconnected at that location or to get utility service at a new location in the service area. I/we understand that if I/we are renting, our landlord may request information or be notified of the status of my/our account.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

*Application Taken By:* \_\_\_\_\_

*Deposit Amount (CASH ONLY):* \_\_\_\_\_

*Deposit Recorded on Computer:* \_\_\_\_\_

*Deposit Disposition*

*Refund Due to Good Credit:* \_\_\_\_\_

*Used for Shut-Off Payment:* \_\_\_\_\_

*Customer Moved, Applied on Final Bill:* \_\_\_\_\_

*Customer Moved, Refunded Full Deposit:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Check #:* \_\_\_\_\_