

START DATE _____

NEW ACCOUNT INFORMATION

CUSTOMER NAME _____

ACCOUNT # _____

ADDRESS _____

CREDIT REFERENCE _____

HOME PHONE _____

DEPOSIT RECEIPT # _____

CELL PHONE _____

ELECTRIC _____

CELL PHONE _____

WATER _____

DO YOU: OWN HOME _____ RENT HOME _____

GAS _____

IF RENTING, OWNER'S NAME _____

TOTAL DEPOSIT PAID _____

CUSTOMER INFORMATION

EMPLOYER OR SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____

SPOUSE/ROOMMATE'S NAME _____

EMPLOYER OR SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____

SPOUSE/ROOMMATE'S NAME _____

EMPLOYER OR SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____

CONTINUED ON BACK →

PLEASE LIST THE LAST UTILITY YOU HAVE RECEIVED SERVICE FROM:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ADDRESS WHERE SERVICE WAS RECEIVED: _____

CITY _____ STATE _____ ZIP CODE _____

OPTIONAL: IF THERE IS A PROBLEM WITH A PAST DUE ACCOUNT BALANCE AT THIS RESIDENCE AND SERVICE MAY BE DISCONTINUED, I WOULD LIKE TO HAVE THE FOLLOWING PERSON (OR AGENCY) NOTIFIED:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ RELATIONSHIP _____

I HEREBY APPLY FOR SERVICE IN ACCORDANCE WITH THE ROCK RAPIDS MUNICIPAL UTILITIES' RULES AND REGULATIONS. I UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM BOTH JOINTLY AND SEVERALLY LIABLE FOR ALL CHARGES INCURRED AT THIS RESIDENCE.

CUSTOMER SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____