

119 Walnut Street, P.O. Box 197
Burt, Iowa 50522-0197
Office (515)924-3618 Fax (515)924-3860

Office of Mayor and City Council
APPLICATION FOR UTILITY SERVICES FOR BURT MUNICIPAL UTILITIES

APPLICANT'S NAME: _____

NAMES OF ALL PERSONS RESIDING AT THIS ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

HOME PHONE # AND/OR CELL PHONE # _____

EMAIL: _____

PREVIOUS ADDRESS: _____

NEAREST RELATIVE OR CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby apply for utility service for the service address listed above. I agree to pay all bills rendered by the utility for service received from the date of connection to the date service is disconnected. I further agree to give notice to the utility of my intent to discontinue service.

SIGNED: _____, APPLICANT

DATE: _____

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APPROVED BY: _____ DATE: _____

DEPOSIT PAID: _____