

NEW ACCOUNT INFORMATION

CUSTOMERS NAME _____ ACCOUNT NO. _____
ADDRESS _____ CREDIT REFERENCE _____
HOME PHONE _____ DEPOSIT RECEIPT NO. _____
CELL PHONE _____ ELECTRIC _____
CELL PHONE _____ WATER _____
CELL PHONE _____ GAS _____
OWN HOME _____ RENT _____ TOTAL DEPOSIT PAID _____
IF RENTING,
OWNERS NAME _____

PERSONAL REFERENCE

CUSTOMER'S EMPLOYER OR
SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CUSTOMERS SOCIAL SECURITY NUMBER _____

SPOUSE/ROOMMATE - NAME _____
EMPLOYER OR
SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

ROOMMATE - NAME _____
EMPLOYER OR
SOURCE OF INCOME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

****Continued on the Back****

Please list the last utility you have received service from.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDRESS WHERE _____

SERVICE WAS

RECEIVED CITY _____ STATE _____ ZIP _____

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 (agency) notified.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ RELATIONSHIP _____

I hereby apply for service in accordance with the Rock Rapids Municipal Utility's rules and regulations. I understand by signing this application I am jointly and severally liable for all charges incurred at this residence.

CUSTOMER'S SIGNATURE _____ DATE _____

CUSTOMER'S SIGNATURE _____ DATE _____

CUSTOMER'S SIGNATURE _____ DATE _____