

CITY OF WILLIAMSBURG
210 W. STATE STREET, PO BOX 596
WILLIAMSBURG, IA 52361
PHONE (319) 668-1133 / FAX (319) 668-9108

APPLICATION FOR UTILITY SERVICE

Closing/Start Date of Service _____

Service Address _____ Own _____ Rent _____ (\$200 Deposit if Rent)

Mailing Address (if not service address) _____

Name of Landlord _____ Phone Number _____

Applicant One

Name _____

Social Security No. _____ Date of Birth _____

Phone _____ Email _____

Applicant Two

Name _____

Social Security No. _____ Date of Birth _____

Phone _____ Email _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative we may contact.

Name _____ Phone _____

I/we agree to pay for all utilities provided to me/us by the City of Williamsburg. If I/we fail to pay bills on a timely basis, I/we understand that utility service may be discontinued. Should I/we leave the City of Williamsburg service area with an outstanding balance due, or should my/our service be disconnected for non-payment, my/our deposit will be credited to said outstanding account, and the balance, if any, will be forwarded to me/us. I/we also understand the City of Williamsburg will utilize any and all means available to collect any unpaid balance, if any, remaining on my/our account. In case of a disconnection for non-payment, I/we understand that full payment of any outstanding balance up to and including the date of disconnection plus service charge will be required in order to have service reconnected at any location in the City of Williamsburg service area. I/we understand that in the event that the service location is being rented, my/our landlord may request information or be notified of the status of my/our account.

Signature Applicant One Date

Signature Applicant Two Date