APPLICATION FOR UTILITY SERVICE

City of Estherville
PO Box 417
Estherville, IA 51334
(712) 362-3574
(712) 362-7773 - Fax

Customer Name (Last, First, Middle, Maiden)			Date of Application
Service Address			Date Service Desired
Mailing Address (If different from above)			Home Phone Number
Your Social Security No.	Marital Status (Please Circle) Married Single Separated		# of Children
Spouses Name and/or Person With Whom Sharing Dwelling			Social Security No.
Your Occupation	Employer (Name and Address)		How Long?
Spouses Occupation	Employer (Name and Address)		How Long?
Name of Bank for Each Type of Account Checking:		Savings:	
Are You Buying This Home? Yes	Mortgage Holder:		
	Address:		
No	Landlord:		
	Address:		
Previous Employer (Name and Address)			How Long?
Previous Address			How Long?
Previous Utility Company	Electric (Name and Address)		
	Gas (Name and Address)		
Have you previously been a customer of Estherville Municipal Utilities? No Yes If yes, at what address?			
(Voluntary) Name & Address of Person to Notify in Case of an Emergency			
Applicant Signature			Date

$_____ Amount of Deposit Paid Receipt No. _____

or

_____ Credit Letter Received Account No. _____