APPLICATION FOR UTILITY SERVICE
Miles Utilities
PO Box 309
Miles, IA 52064

CUSTOMER INFORMATION

Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

SERVICE INFORMATION

Date Service to Begin: _____

Type of Service Requested:
☐ Water
☐ Sewer
☐ Garbage
☐ Other: _____

IDENTIFICATION INFORMATION

Driver's License Number: _____

State Issued: _____

Social Security Number: _____

Date of Birth: _____

Please list any non-dependent adults living at this property who are 18 years or older.

_____ _____

_____ _____

We do not allow a person who is not living at the property to put utilities in their name. All utilities must be in customer's name.

6-5-12 CUSTOMER GURANTEE DEPOSITS. Customer deposits shall be required of all customers who are tenants, or others having no established credit record, and of those who have an unacceptable credit record or who have prior of failure to pay water bills rendered. Such deposit shall be equal to the typical bill for the type of use contracted for, and be set to the nearest five ($5.00) dollars. Deposits of customers having established acceptable credit records for two (2) years shall have their deposits returned. An occurrence or recurrence of a bad payment record may be the occasion for the City Clerk to require a new or larger deposit for the continuation of service.

(Ord. 21.01, Passed February 3, 2021)

Total Deposit $200.00 you may this by allpaid.com

AGREEMENT

I hereby apply for utility service with Miles Utilities and agree to comply with all rules, regulations, ordinances, and payment policies established by the City of Miles. I understand that failure to pay utility bills when due may result in penalties or discontinuation of service.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Account Number: _____

Deposit Amount: _____

Date Connected: _____

Processed By: _____