

City of Altoona  
407 8<sup>th</sup> ST S.E.  
Altoona, IA 50009

**Residential Application for Utility Service**

(clerk: attach photo copy of drivers license, or photo copy of state issued I.D. to application)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address for Service: \_\_\_\_\_ Unit Number \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Auto Draft – already set up? \_\_\_\_\_ Would you like to set up? \_\_\_\_\_

(Auto Draft sign-up requires the Authorization for Preauthorized Payments form to be completed separately)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Number of persons that will be living at this residence. \_\_\_\_\_

If Renting:

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Landlords Name	Street	City	State	Zip Code
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I, hereby apply for utility services, for the premises listed above beginning the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pursuant to the rules and regulations of the City of Altoona to discontinue said utility services. My signature below signifies my agreement to pay each bill in a timely manner and I understand that all means will be used to collect any debt owed the City of Altoona for fees due and payable to the City of Altoona.

\_\_\_\_\_  
Signature of Account Holder

Deposit Paid: \$ \_\_\_\_\_