

City of Altoona
407 8th ST S.E.
P.O. Box 338
Altoona, IA 50009

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 _____

Auto Draft - already set up? _____ Would you like to set up? _____

Employer/Address _____

Work Phone _____

Social Security Number _____

Driver's License Number _____

Number of persons that will be living at this residence. _____

If Renting:

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.

Deposit Paid: \$ _____

Signature of Account Holder