

City of Altoona
900 Venbury Dr., Ste A
Altoona, IA 50009

Commercial Application for Utility Service

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

Date: _____

Business Name: _____

Address For Service: _____ Unit Number _____

Billing Attn (owner's name, Accts Payable, etc): _____

Billing Address (if different from above) _____

Telephone _____ Cell Phone _____

Work Phone _____ Fax Number _____

Email address _____

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

(Auto Draft set-up requires the Authorization Agreement for Preauthorized Payments form to also be completed)

Tax ID # _____ Drivers Lic # _____

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.

Signature of Account Holder

Deposit Paid: \$ _____