Acct # _____

West Point Utility System

APPLICATION FOR UTILITY SERVICE

NAME **DOB** **S.S. #**

NAME **DOB** **S.S. #**

BILLING ADDRESS

SERVICE ADDRESS

ElectricID#_____ Final Read:_____

TERM

ACCT# Water ID#_____ Final Read:_____

TELEPHONE NUMBER **SERVICE START DATE**

EMPLOYER _____ **PHONE** _____

I agree to pay all bills rendered by the West Point Utilities for services received from the date of connection to the date that the service is terminated. I understand that bills are due by the 25th of each month.

APPLICANT'S SIGNATURE **DATE**

I designate the following person, **not living at the above service address**, to contact if West Point Utilities is unable to locate me or if I move without following proper termination procedures.

NAME

ADDRESS **PHONE**

A deposit intended to guarantee payment of bills is required for each service connection, unless the applicant meets the credit criteria established in West Point Utilities' service tariff.

The amount deposited shall be determined in accordance with the West Point Utilities' service tariff and applicable rules of the Iowa Utilities Board (IUB). The deposit, or a portion of, will be eligible to be refunded if you have established a good payment history with West Point Utilities over the course of the first full year of service.

Questions or concerns regarding the deposit or any other Utility related item should be directed to Billing and Collections at City Hall, 313 Fifth Street, West Point, Iowa, (319) 837-6313. A copy of the West Point Utilities' service tariff (operating rules) is available at City Hall. West Point Utilities' operating rules are subject to change and are filed with the Iowa Utilities Board (IUB), which regulates many aspects of municipal utility service that are not directly related to rates.

********** FOR OFFICE USE ONLY **********

DEPOSIT REQUIRED FOR ELECTRIC _____ DEPOSIT REQUIRES FOR WATER_____

DEPOSIT RECEIVED _____ DEPOSIT RECEIVED_____

LETTER OF CREDIT RECEIVED FROM _____ DATE: _____