

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

**Ames Municipal Utilities
Customer Services
515 Clark Avenue, Room 136
P. O. Box 811
Ames, IA 50010-0811**

Phone: 515-239-5120

FAX: 515-239-5286

(PLEASE PRINT)

Name	_____

CID#	_____

LID#	_____

(OFFICE USE ONLY)	

I hereby apply to the Ames Municipal Electric and/or Water Utility for utility service(s) to be delivered at the service address listed below **beginning** _____, in accordance with the Utility's rules. I agree to pay all bills rendered for utility consumption **until I notify the Utility Office to discontinue said service.**

Name _____
(Last) (First) (Middle)

Service Address _____

Mail Address (If different than service address) _____

Date of Birth ____/____/____ Home Phone # _____ E-mail _____

Social Security # _____ - _____ - _____ Driver's License # _____ State License Issued _____

Place of Employment:
Name _____ Address _____ Phone _____

Spouse's Name _____
(Last) (First) (Middle)

Spouse's Date of Birth ____/____/____ Spouse's Social Security / Driver's License # _____

Spouse's Employer:
Name _____ Address _____ Phone _____

Relative/Contact Person:
Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Signature

Date

Landlord:
Name _____ Address _____ Phone _____

PROJECT SHARE is a program that allows customers of the Utility to assist low-income customers of the utility with their wintertime bills. Customers may apply for Project Share funds through Mid-Iowa Community Action.

_____ Yes, I pledge to make a charitable contribution of \$ _____ per month to Project Share. The pledge amount will be printed on your monthly bill, but there is no obligation to pay the pledge. You may cancel your monthly pledge at any time by contacting the Utility Customer Service office.

_____ No, I do not wish to make a monthly pledge at this time.

If you wish to designate a person or agency to receive a copy of any notice to disconnect service resulting from non-payment of a bill, please indicate below:

Name _____ Address _____

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

Deposit \$ _____ Receipt # _____ Date Paid _____ Date Billed _____ Waived _____