



# City of Ames, Iowa – Request to Transfer 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)**

<b>(OFFICE USE ONLY)</b>	Name _____
	CID# _____ LID# _____

**Customer Information:**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State License Issued \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
(Last) (First) (Middle)

Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Social Security or Driver's License # \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative/Contact Person:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Present Service Address:** \_\_\_\_\_

Date to Stop Service at Present Address: \_\_\_\_/\_\_\_\_/\_\_\_\_

**New Service Address:** \_\_\_\_\_

Date to Start Service at New Address: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number at New Address (if different from phone # above): ( \_\_\_\_\_ ) \_\_\_\_\_.

If you want your bills mailed somewhere other than your new service address, please provide us with the mailing address:

Mail Address: \_\_\_\_\_

Street address City State Zip code

I agree to abide by the service rules of the Utility and to pay for all bills rendered for utility service provided by the City of Ames until I notify the Utility Customer Service office to discontinue my service.

\_\_\_\_\_  
**Applicant's Signature** **Date**

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

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