



REQUEST TO TRANSFER UTILITY SERVICE

AMES MUNICIPAL UTILITIES
CUSTOMER SERVICE
515 CLARK AVE
PO BOX 811
AMES, IA 50010-0811

TELEPHONE: 515-239-5120

FAX: 515-239-5286

Vertical box for office use only containing fields for Name, CID#, and LID#.

PLEASE PRINT OR TYPE

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) Date of Birth / /

Spouse's Social Security # Driver's License # State License Issued

Spouse's Phone () - 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: / /

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