

****To establish service in your name we require an *acceptable credit history* with the City of Ames, a *letter of credit* from another utility company or a *security deposit*.****



RESIDENTIAL APPLICATION FOR 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

PLEASE PRINT OR TYPE

I hereby apply to the City of Ames for utility service(s) to be provided at the service address listed below ***beginning on*** ____/____/____. I agree to comply with the rules and regulations of the City of Ames and other regulatory agencies having jurisdiction. I understand I may be charged a ***security deposit*** on my account and agree to pay for all bills rendered for utility service **until I notify the Utility Customer Service Office to discontinue said service.**

Name _____
(Last) (First) (Middle)

Service Address _____

Mailing Address (If different than service address) _____

Date of Birth ____/____/____ Phone (____) - _____ E-mail _____

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

Place of Employment _____ Address _____ Phone (____) - _____

Spouse's Name _____ Date of Birth ____/____/____
(Last) (First) (Middle)

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

Spouse's Phone (____) - _____ Spouse's Employer _____ Phone (____) - _____

Relative/Contact Person:

Name _____ Phone (____) - _____

Address _____
Street Address City State Zip

**** Applicant's 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.

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

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

Name _____
CID# _____
LID# _____
(OFFICE USE ONLY)