



CITY OF AMES UTILITY CUSTOMER SERVICE

P.O. Box 811
515 Clark Avenue
Ames, Iowa 50010-0811
515-239-5120
Fax 515-239-5286
amesutilities@city.ames.ia.us

AUTHORIZATION FOR LEAVE-ON AGREEMENT

Name _____

Mailing Address _____

City, State, Zip Code _____

Home Phone _____ Daytime Phone _____

Cell Phone _____ Contact Person _____

I authorize the Ames Municipal Utilities to establish utility services in my name, without notice, whenever the Ames Municipal Utilities receives a request to disconnect the utility services provided to one of the locations listed below. **My authorization is effective for all locations listed below until I provide written notice to the Ames Municipal Utilities to remove a location from this authorization agreement.**

- I agree to comply with the rules and regulations of the Ames Municipal Utilities or other regulatory agencies having jurisdiction.
- I agree to pay for all bills rendered for utility service provided to the locations listed below while the services are in my name.
- Unless I had previously provided a written notice to the Ames Municipal Utilities to cancel my authorization for the location, I agree to pay for all utility bills rendered for the location even if I no longer own or manage the property.

This authorization agreement can be terminated by me or by the Ames Municipal Utilities upon written notice to the other party.

Service addresses authorized to be left on in my name: (List all street addresses, apartment/trailer numbers, etc.)

Check one: Year-Round Winter Only (October 15 to April 15)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Signature _____ Date _____

Title (if signing as an officer of a business) _____