



BUSINESS 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
Email: amesutilities@city.ames.ia.us
Website: www.amesutilities.com

PLEASE PRINT OR TYPE

Legal Name of Business: _____

Account Name (if different from legal name): _____

Service Address: _____

Mailing Address (if different than service address): _____

City State Zip

Function or Type of Business: _____

Business Organized as: [] Corporation [] Partnership [] Sole Proprietorship [] Other: _____

Federal Tax I.D. #: _____

Sales Tax Permit #: _____

Name of Officers or Owners of Business:

1. _____

Title: _____

2. _____

Title: _____

3. _____

Title: _____

Contact Person: _____

Daytime Phone: (_____) - _____

Fax (optional): (_____) - _____

Email: _____

The undersigned owner, officer, of authorized agent of the business, hereby makes application to the City of Ames Municipal Utilities for utility service(s) to be provided at the service address listed above beginning on ____/____/____. The applicant agrees to pay for all service provided and to comply with the rules and regulations of the City of Ames Municipal Utilities or other regulatory agencies having jurisdiction.

Signature of Owner, Officer, or Authorized Agent of Business: _____

Print or Type Name and Title

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

Deposit \$ _____ Receipt _____ Date Paid or Billed: ____/____/____ Waived: _____

Vertical box containing fields for Name, CID#, and LID# with the label (OFFICE USE ONLY).