

CITY OF AMES, IOWA

Property Owner/Manager Application for Utility Service at
Multiple Locations



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)

Name _____	CID# _____
(For Office Use)	

Legal Name of Business: _____

Account Name (if different from legal name): _____

Mailing Address: _____

_____ City State Zip

Contact Person: _____ Daytime Phone: _____

Fax (optional): _____ Email (optional): _____

The applicant agrees to pay a same day service fee whenever the requested start date for a service location is less than one working day prior to the receipt of this application in the City of Ames Utility Customer Service office.

	Service Location	Requested Start Date	For Office Use
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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. 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:

_____ Signature

Date: _____

_____ Print or Type Name and Title