



102 Main Street
P.O. Box 548
Sanborn, IA 51248-0548
Office: 712-930-3842
FAX: 712-930-3060

APPLICATION FOR UTILITY SERVICE

Property Address: _____ P.O. Box (if applicable): _____

Mailing Address: **(If different than property address)**

Street Address City State Zip

Primary Applicant: _____ Social Security #: _____

Cell Phone: _____ Email: _____

Home Phone (if applicable): _____

Employer: _____ Employer Phone: _____

Spouse/Other Adult: _____ Social Security #: _____

Cell Phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Landlord (if rental property): _____

*Please note: if you are renting, your landlord will receive notification any time you have a change in your account status.
i.e. late payment(s), NSF/insufficient funds payment(s), service disconnection*

Emergency Contact: _____ Phone: _____

If we are unable to contact you, please list a relative or friend whom we may contact in the event of a utility emergency

Previous Address:

Street Address City State Zip

I hereby certify that the above information is, to the best of my knowledge, complete and accurate. I agree to abide by the terms and conditions for utility service, as adopted or amended by the governing bodies of Sanborn Municipal Utilities. All persons signing this form agree to be jointly and severally liable for payment for all services rendered at this location. I also agree to provide a current copy of a government issued photo ID. I understand all information provided on this application will be kept confidential.

By signing this application for utility services, I acknowledge receipt of the following:

- | | |
|--|---|
| 1. Utility Deposit and Payment Information | 5. Gas – Underground Gas Pipe Maintenance |
| 2. Complaint Procedure | 6. Water – Annual Water Quality Report |
| 3. Electric – Peak Alert Notice | 7. Garbage Guidelines |
| 4. Gas – EFV Notice | 8. Recycling Guidelines |

Signed: _____

Date: _____

Signed: _____

Date: _____