

CASCADE MUNICIPAL UTILITIES

320 1st Ave W; PO Box 400
Cascade, IA 52033 (563) 852-3614

APPLICATION FOR INDUSTRIAL/BUSINESS SERVICE (CORPORATION, LLC, INDIVIDUAL or SOLE PROPRIETOR)

The applicants (responsible for payment of utility charges) hereby request Cascade Municipal Utilities to supply utility service as indicated below.

Date Service Requested: _____

Name of Business: _____

Function or Type of Business: _____

Business Organized as: Corporation LLC Individual Sole Proprietor Partnership

Federal Tax ID Number: _____ Sales Tax Permit Number: _____

Name to Appear on Service Bill: _____

Address at Which Service is requested: _____

[] Own [] Rent Property Owner: _____

Mailing Address: _____

Contact Person for Bill: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Email Address: _____

The undersigned owner, officer or authorized agent of the business, hereby makes application to the City of Cascade/Cascade Municipal Utilities for utility services to be provided at the service address listed above. Any & all services provided shall be subject to the regulations, policies, rates & charges of the City of Cascade and Cascade Municipal Utilities. Utility services and credit provided by the City of Cascade & Cascade Municipal Utilities are conditional upon the accuracy of the information provided on this application. A twenty-four (24) hour notice from the customer is required for a discontinuance of service. Payment of utility charges through discontinuance is the customer's responsibility. Failure to pay a bill may result in the discontinuance of utility service. Written notice will be given at least 12 calendar days prior to discontinuance of service, together with a copy of "Customer Rights and Responsibilities". A level payment plan, which enables you to pay an equal amount each month, is available. By signing this application for utility service, the applicant(s) agrees to pay all costs of collection of unpaid bills. The City of Cascade & Cascade Municipal Utilities has the right to collect any sum due and owed by the applicant through the Iowa Income Offset program. If this is a joint application each person will be held responsible for the entire bill.

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

Date _____

OFFICE USE ONLY:

Electric Deposit _____ Refunded _____

Gas Deposit _____ Refunded _____

Water Deposit _____ Refunded _____

Total Deposit: _____ Account Number: _____