

CASCADE MUNICIPAL UTILITIES

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

APPLICATION FOR RESIDENTIAL SERVICE

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

Date Service Requested: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address at Which Service is requested: \_\_\_\_\_

Own  Rent Property Owner: \_\_\_\_\_

Mailing Address if Different from Service address: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Is applicant(s) a prior customer? Y or N If yes under what name/when? \_\_\_\_\_

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.

Date \_\_\_\_\_ Applicant(s): \_\_\_\_\_

OFFICE USE ONLY:

Electric Deposit \_\_\_\_\_ Refunded \_\_\_\_\_

Gas Deposit \_\_\_\_\_ Refunded \_\_\_\_\_

Water Deposit \_\_\_\_\_ Refunded \_\_\_\_\_

Total Deposit: \_\_\_\_\_

Account Number: \_\_\_\_\_