



APPLICATION FOR CITY SERVICES – BUSINESS OWNERS

SERVICE ADDRESS

TODAY'S DATE _____ DATE OF SERVICE _____

SERVICES: _____ ELECTRIC _____ WATER _____ SEWER _____ STORMWATER

BUSINESS NAME AS YOU WANT IT TO APPEAR ON YOUR ACCOUNT(S):

MAILING ADDRESS _____

ACCOUNTS PAYBLE CONTACT INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

CELL # _____ BUSINESS/OFFICE # _____

EIN # _____

IS THERE ANYONE ELSE WE CAN TALK TO REGARDING YOUR PROPERTIES (I.E. MANAGERS, EMPLOYEES):? _____

PROPERTY OWNER NAME(S): _____

PROPERTY OWNER PHONE # _____ RENTING? YES NO

As part of this application I agree to comply by the service plans and ordinances adopted by the Indianola City Council and Board of Trustees. Official copies of these plans are available at the City Clerk's office. I agree to pay at the Office of the City Clerk all bills rendered for all utilities and services according to meter registration and billing statements at the current and all future service addresses until I notify the Office of the City Clerk to discontinue the services. I understand that authorized personnel shall have access to meters and related equipment at all times as provided by law and utility service plans. I further agree that my services shall be discontinued when I am more than 45 days delinquent in payment of any bill rendered. Fraudulent completion of an application shall be reason to deny services.

SIGNED _____