



APPLICATION FOR FIBER SERVICES

SERVICE ADDRESS _____

TODAY'S DATE _____

CUSTOMER'S NAME _____

MAILING ADDRESS _____

SERVICES: INTERNET TELEVISION PHONE

HOME PHONE # _____ CELL # _____ WORK # _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

ALTERNATE CONTACT _____ PHONE # _____

RENTING? YES NO LANDLORD NAME _____ PHONE # _____

DO YOU HAVE ANY PREVIOUS CITY OF INDIANOLA ACCOUNTS? IF SO:

ADDRESS(ES) _____

OTHER PREVIOUS ADDRESS _____ # IN HOUSEHOLD _____

As part of this application I agree to comply by the service plans and ordinances adopted by the Indianola Board of Trustees. Official copies of these plans are available at Customer Service Center. I agree to pay at the Customer Service Center. All bills are rendered for fiber services by equipment and billing statements at the current and all future service addresses until I notify the Customer Service Center to discontinue the services. 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 _____

****OFFICE USE ONLY****	
NAME	_____
DL #	_____
DOB	_____