



APPLICATION FOR CITY SERVICES

SERVICE ADDRESS _____

MAILING ADDRESS SAME AS SERVICE ADDRESS

TODAY'S DATE _____ DATE OF SERVICE _____

CUSTOMER'S NAME _____

SERVICES: ELECTRIC WATER SEWER RECYCLING STORMWATER

INTERNET VIDEO TELEPHONE (FIBER AS AVAILABLE)

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(S) _____

OTHER PREVIOUS ADDRESS _____ # IN HOUSEHOLD _____

****IF YOU ARE WATERING SOD (NEW HOME/CONSTRUCTION) OR FILLING A
POOL, PLEASE INQUIRE ABOUT A SEWER REDUCTION METER****

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. This application shall not be deemed valid until signed by all adults and emancipated minors residing at the aforementioned address. Fraudulent completion of an application shall be reason to deny services.

SIGNED _____

******OFFICE USE ONLY******

NAME _____

DL # _____

DOB _____



CPNI PASSWORD AND SECURITY QUESTIONS

PASSWORD _____

Please choose **two** of the following questions to answer for your security questions.

- FAVORITE COLOR _____
- FAVORITE MOVIE _____
- FAVORITE PET'S NAME _____
- LAST FOUR OF SSN _____
- MOTHER'S MAIDEN NAME _____
- MAKE OF FIRST CAR _____
- TEAM MASCOT _____
- ANNIVERSARY DATE _____