



APPLICATION FOR SERVICES

SERVICE ADDRESS: _____ NO. IN HOUSEHOLD: _____

MAILING ADDRESS: SAME AS SERVICE ADDRESS

TODAY'S DATE: _____ DATE OF SERVICE: _____

NAME: _____

SERVICES: ELECTRIC WATER SEWER
 RECYCLING STORM WATER

HOME PHONE: _____ MOBILE: _____ WORK: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

ALT. CONTACT NAME: _____ PHONE: _____

ARE YOU RENTING? YES NO

LANDLORD NAME: _____ PHONE: _____

HAVE YOU HAD SERVICES WITH US PREVIOUSLY? IF SO:

ADDRESS(ES): _____

***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 Municipal Utility Board of Trustees & Indianola City Council. Official copies of these plans are available at the IMU Customer Service Center, 210 W 2nd Ave, Indianola, Iowa. I agree to pay 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 IMU's Customer Service Center 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 NO: _____
DOB: _____