

CITY OF AFTON

115 E Kansas
PO Box 199
Afton, IA 50830

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APPLICATION FOR UTILITY SERVICE

NAME: _____

Social Security Number: _____

Service
Address: _____

Billing
Address: _____

Phone: _____

Employer: _____

I hereby apply for utility services for the service address listed above.
I agree to pay all bills rendered by the utility for services received from the date
of connection to the date service is discontinued. I further agree to give notice
to the utility of my intent to discontinue service.

Signed: _____ Date: _____

Approved by: _____ Date: _____

Electric Deposit: \$ _____ Sewer Deposit: _____

Receipt No.: _____

Refund Date: _____ Check No.: _____

Exempt: _____ Credit Letter Received: _____

