

**City of Afton**  
115 E. Kansas, PO Box 199  
Afton, IA 50830

Phone: 641-347-5224  
Fax: 641-347-5297  
E-Mail: aftonutility@windstream.net

**APPLICATION FOR UTILITY SERVICE**

APPLICANT: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Service  
Address: \_\_\_\_\_

\_\_\_\_ Owned \_\_\_\_ Rented If rented, landlord's name \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ Social Security No., \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Electric Deposit: \$ \_\_\_\_\_ Sewer Deposit: \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Refund Date: \_\_\_\_\_ Check No.: \_\_\_\_\_

Exempt: \_\_\_\_\_ Credit Letter Received: \_\_\_\_\_ Payment Guaranteed: \_\_\_\_\_

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**GUARANTEE OF PAYMENT**

Please be advised that should \_\_\_\_\_ fail to make payment to the City of Afton for utility service received and billed, I will make said payment.

Guarantor Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address: \_\_\_\_\_