

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: _____

Email Billing (paperless): **YES** OR **NO** Email: _____

Employer: _____ Work Phone: _____

Service Address: _____ Billing Address: _____

____ Owned ____ Rented If rented, landlord's name _____

Auto Pay from checking or savings: **YES** OR **NO** (If yes- Fill out back of application)

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

Approved by: _____ Date: _____

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

Refund Date: _____ Check No.: _____

Exempt: _____ Credit Letter Received: _____ Payment Guaranteed: _____

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: _____