

CASCADE MUNICIPAL UTILITIES

320 1st Ave W; PO Box 400
Cascade, IA 52033 (563) 852-3614

APPLICATION FOR RESIDENTIAL SERVICE

The applicants (responsible for payment of utility charges) hereby request Cascade Municipal Utilities to supply utility service as indicated below.

Date Service Requested: _____

Primary Applicant: _____ Co-Applicant: _____

Social Security #: _____ Social Security #: _____

Date of Birth: _____ Date of Birth: _____

Driver's License Number: _____ Driver's License Number: _____

Address at Which Service is requested: _____

Own Rent Property Owner: _____

Mailing Address if Different Than Service: _____

Primary Telephone Number: _____ Cell: _____

Applicant's Employer: _____ Work Phone Number: _____

Co-Applicant's Employer: _____ Work Phone Number: _____

Is applicant(s) a prior customer? Y or N If yes under what name/when? _____

Any & all services provided shall be subject to the regulations, policies, rates & charges of the City of Cascade and Cascade Municipal Utilities. Utility services and credit provided by the City of Cascade & Cascade Municipal Utilities are conditional upon the accuracy of the information provided on this application. A twenty-four (24) hour notice from the customer is required for a discontinuance of service. Payment of utility charges through discontinuance is the customer's responsibility. Failure to pay a bill may result in the discontinuance of utility service. Written notice will be given at least 12 calendar days prior to discontinuance of service, together with a copy of "Customer Rights and Responsibilities". A level payment plan, which enables you to pay an equal amount each month, is available. By signing this application for utility service, the applicant(s) agrees to pay all costs of collection of unpaid bills. The City of Cascade & Cascade Municipal Utilities has the right to collect any sum due and owed by the applicant through the Iowa Income Offset program. If this is a joint application each person will be held responsible for the entire bill.

Date _____ Applicant(s): _____

OFFICE USE ONLY:

Electric Deposit _____ Refunded _____

Gas Deposit _____ Refunded _____

Water Deposit _____ Refunded _____

Total Deposit: _____

Account Number: _____