City of Kiron AVE

Office of the Clerk | 12 N. Grove St.; PO Box 215 | Kiron, IA 51448 | PHONE: 712.675.4700
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APPLICATION FOR UTILITY SERVICES

(MUST provide driver's license or other Government issued photo ID to City for copying for the prevention of identity theft.)

ALL APPLICANTS

Social Security Number_____ **Social Security Number**_____

Driver's License Number_____ **Driver's License Number**_____

Date of Birth_____ **Date of Birth**_____

PUBLIC RECORD INFORMATION FOR ACCOUNT SET UP

Account Number_____ **Service/Street Address**_____

Name_____ **Name**_____

Home Phone_____ **Home Phone**_____

Cell Phone_____ **Cell Phone**_____

Own____ **Rent**____ **If Renting: Landlord Name**_____

Landlord Address_____

Landlord City/State/Zip_____

Number in Household_____ **Number of Pets & Breeds Owned**_____

EMPLOYMENT STATUS

---------**For Name Above**---------- ----------**For Name Above**----------

Employer_____ **Employer**_____

Employer Address_____ **Employer Address**_____

Employer Phone_____ **Employer Phone**_____

Position with Employer_____ **Position with Employer**_____

REFERENCES

Relative Name_____ **Address**_____

Previous Address_____ **Previous Utility**_____

Date Moving In_____ **Deposit Info**_____

I agree to pay for all utilities provided to me by the City of Kiron. I understand that payments are due on the 10th of each month and a penalty will be assessed for late payments. If I fail to pay bills on a timely basis, I understand that utility service may be discontinued. In case of disconnection for non-payment, I understand that full payment of any outstanding balance and a service charge will be required in order to have utilities reconnected or to get utility service at a new location. I understand that in the event that I am renting, my landlord may request information or be notified of the status of my account. I also understand that I must notify the City of Kiron at least 10 days in advance if I am moving. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my "final bill", I will promptly pay the balance due. If the deposit is more than my "final bill", The City of Kiron will refund the credit balance. I certify that everything I have stated in this application is correct to the best of my knowledge.

The undersigned hereby agree to comply with the rules and regulations of the City of Kiron, Iowa

Signed_____ Printed Name_____ Date_____

Signed_____ Printed Name_____ Date_____

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