

APPLICATION FOR SERVICE
CITY OF ROLFE, IOWA

Billing Information – MUST PROVIDE DRIVERS LICENSE OR OTHER PICTURE ID FOR THE CITY TO COPY FOR PROOF OF IDENTITY.

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DRIVER'S LICENSE NUMBER _____

SS#: _____ - _____ - _____

EMPLOYER: _____

WORK PHONE: _____

NAME OF SPOUSE &/OR CO- OCCUPANTS/CO-OWNERS

DRIVER'S LICENSE NUMBER _____

SS#: _____ - _____ - _____

LANDLORD OR OWNER'S NAME if renting/leasing _____ PHONE _____

ADDRESS _____

Hereby apply for service with the following utilities of the City to serve said premises

Natural Gas, Water/Sewer/Garbage/Recycling

It is understood that a one time non-refundable hook fee/transfer fee of \$ 125.00 , accompany this application.
In consideration of supplying said service to applicant, the undersigned:

1. All persons signing the service contract agrees to be "jointly and severally liable for payment for all services rendered at the place" at the rates of the City
2. Agrees to abide by the rules and regulations of the City
3. Herby grants an easement over said premises in favor of the City for the purposes of laying, maintaining, metering, repairing and replacing any utility lines or components servicing my premises or the adjoining premises.
4. Agrees to notify the City of any installation of natural gas equipment and not to use such equipment and not to use such equipment until it has been inspected by the City.
5. Agrees that the City assumes no responsibility for the interruption of service and the city shall have the right to discontinue service to my property for any one of the following reasons:
 - a. When the safety of the general public is endangered, or public convenience and necessity requires.
 - b. Defective piping and equipment on my property.
 - c. City maintenance and construction operations.
 - d. Violations of City rules and regulations, including non-payment. Utility bills are due on the 25th of every month.
6. Agrees to notify the said city, in writing or in person of termination of service, notice will include a forwarding address to send final bill to upon notification the said city will have the services discontinued within one week of the date of notice

I, the undersigned the rules and regulations above.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Approved by The City of Rolfe this ____ day of _____, _____. By _____