

City of Dysart
Application for Utility Service

601 Wilson St. PO Box 686

Dysart, IA 52224

PH: (319) 476-5690 Fax: (319) 476-2529

Account Number: _____

CUSTOMER INFO

Applicant(s) Name(s): _____

Social Security #(s): _____

Date of Birth: _____

Service Address: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

CUSTOMER HISTORY

Employment: _____ Phone: _____

Reference Name: _____ Phone: _____

LANDLORD DETAILS

Landlord Name: _____ Phone: _____

DEPOSIT DETAILS

Deposit Amount: _____ Date Pd: _____

I hereby apply for utility services, for the premises listed above, beginning _____ date of _____, 20____, pursuant to the rules and regulations of the City of Dysart. I agree to pay all bills rendered by the City of Dysart until I have given notice to the City of Dysart to discontinue said utility service. The above referenced deposit is intended to guarantee payment of bills as required for each service connection. An additional deposit may be subsequently required if the deposit is found to be insufficient and the account becomes marked by untimely payments. 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 Dysart will refund the credit balance. Additionally, I understand that the deposit will be refunded as a credit to my account only after 12 consecutive months of prompt payment (payment made on or prior to the due date.)

By signing below I acknowledge that I have read the Customer Rights & Responsibilities.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

City of Dysart: _____ Date: _____