

# BUSINESS APPLICATION FOR HOLSTEIN MUNICIPAL UTILITY SERVICES

City of Holstein | 119 S Main | Holstein, IA 51025 | 712-368-4898

Today's Date: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

EIN or SSN Number: \_\_\_\_\_

Utilities Service  
Address (Physical St) \_\_\_\_\_

Billing Address  
(If Different) \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

---

Contact Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

---

I/We hereby apply for utility services for the premises(s) listed above pursuant to the rules of the utilities municipalities. I/we acknowledge that all statements given above are honest and accurate to the best of my/our knowledge. I/We understand utility bills are due & payable by the 20<sup>th</sup> of each month, even if I/we do not receive a bill by mail or email from the City of Holstein. I/we understand that utility services may be discontinued until arrangements are made on past due amounts. I/we understand if I/we purchase a home in Holstein or leave the community, any deposit amount would be applied to the final bill and any credit on account would be refunded. I/we further agree to give prior notice to the City of my intent to discontinue utility services and agree to pay my final bill promptly and in full.

I/We understand I/we will not be allowed additional utility service(s) at other Holstein addresses if I/we am/are delinquent in any previous or current accounts with the City until satisfactory arrangements have been made on said accounts.

Signed	_____	Date	_____
Signed	_____	Date	_____
Deposit	_____	Date Paid	_____