

APPLICATION FOR HOLSTEIN MUNICIPAL UTILITY SERVICES

City of Holstein | 712.368.4898

Today's Date _____ Service Start Date _____

Name _____ Drivers Lic. # _____

Mandatory

Soc. Security # _____ State Issued _____

Mandatory

Email _____ Number in Household _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Spouse/Roomate Name _____ Drivers Lic. # _____

Mandatory

Soc. Security # _____ State Issued _____

Mandatory

Cell Phone _____ Employer _____ Work Phone _____

Service Address _____ PO Box _____

Billing Address (if different) _____ PO Box _____

Own _____ Rent _____ Landlord Name _____

Previous Address _____ Date to final bill _____

Pet Information

Number of Pets & breeds owned _____

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 20th 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 _____