

# City of Shelby

419 East Street  
P.O. Box 186  
Shelby, IA 51570  
Telephone: (712) 544-2404  
FAX: (712) 544-2703

## APPLICATION FOR UTILITY SERVICES

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_

**PHONE (HOME):** \_\_\_\_\_ **(CELL):** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_

**PHONE (HOME):** \_\_\_\_\_ **(CELL):** \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**SPOUSE'S EMPLOYER:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**ADDRESS SERVICE REQUESTED AT:** \_\_\_\_\_

**DATE SERVICE REQUESTED:** \_\_\_\_\_

**OWN** \_\_\_\_\_ **RENT** \_\_\_\_\_ **LANDLORD NAME:** \_\_\_\_\_

**DATE DEPOSIT RECEIVED:** \_\_\_\_\_

I/We, the undersigned, agree to pay for all utilities provided to me/us by the City of Shelby. If I/we fail to pay bills on a timely basis, I/we understand that utility service may be discontinued. I/we understand the \$150.00 deposit made with this application will be retained by the City of Shelby for a period specified in their current policy. Should I/we fail to pay my/our utility bills timely, the City of Shelby may retain said deposit for an additional period of time, at their discretion. In addition, should I/we leave the City of Shelby's utility service area with an outstanding balance due them, my/our deposit will be credited to said outstanding account, and the balance, if any, forwarded to me/us. In the case of disconnection for non-payment, I/we understand that full payment of any outstanding balance up to and including the date of disconnection and a reconnection service charge will be required in order to have utilities reconnected at that location or to get utility service at a new location in the service area. I/we understand that in the event that I/we am/are renting, my/our landlord may request information or be notified of the status of my/our account.

**DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_