

CITY OF EVERLY UTILITIES

202 North Main Street
PO Box 197
Everly, Iowa 51338-0197

Business Office 712-834-2691
24-Hour Gas Emergency Line 712-834-2600
Fax 712-834-2184

APPLICATION FOR UTILITY SERVICES

ACCOUNT STATUS: Single Joint (Households with 2 or more adults shall be joint accounts, include all names of non related adults in household. Please request additional forms if necessary.)

ACCOUNT # _____

SERVICE ADDRESS _____

NAME: _____

FIRST MIDDLE LAST

DOB: _____

SSN: _____

LICENSE # _____ STATE _____

MAILING ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

NAME: _____

FIRST MIDDLE LAST

DOB: _____

SSN: _____

LICENSE # _____ STATE _____

MAILING ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

I / WE: Own Rent

LANDLORD: _____ RENT _____

ADDRESS: _____ PHONE # _____

INFORMATION ABOUT YOURSELF:

APPLICANT #1

EMPLOYER: _____ PHONE # _____

INCOME: _____ PER _____ HOW LONG? _____

IF LESS THAN 1 YEAR, PREVIOUS EMPLOYER: _____

HOW LONG AT PREVIOUS RESIDENCE? _____

PREVIOUS UTILITY COMPANIES: _____

NEAREST RELATIVE: _____ PHONE # _____

ADDRESS: _____

