

CITY OF BADGER
120 1st STREET SE
P.O. BOX 253
BADGER, IOWA 50516

Application for Utility Services

Name of Applicant: _____

Social Security Number: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

If Renting:

Landlord's Name Street City State Zip Code

Employment: _____ Phone: _____

Household size _____ Family _____ Single _____ Business

A \$100.00 deposit is required for service. This deposit will be held until you move Out and your account in paid in full.

Deposit Amount: _____ Date Received: _____

I, hereby apply for utility services, for the premises listed above beginning the _____ day of _____, 20____, pursuant to the rules and regulations of the City of Badger. I agree to pay all bills rendered by the City of Badger until I give notice to the City of Badger to discontinue said utility services.

City of Badger

Signature of Applicant

Date

Date