

RESIDENTIAL APPLICATION FOR UTILITY SERVICE WITH CITY OF FREDERICKSBURG
151 WEST MAIN - P.O. BOX 318 - FREDERICKSBURG, IA 50630
Phone: 563-237-5725

(Please Print)

Name: _____

Service Address: _____

Mailing Address: _____

Phone: _____ Social Security #: _____

Employer (Name, Address, Phone): _____

Nearest Relative (Name, Address, Phone): (Not living with You): _____

Spouse's / Significant Other's Name (Living with You): _____

Social Security # for Spouse's / Significant Other: _____

Spouse's / Significant Other's Employer (Name, Address, Phone): _____

Landlord: _____

I hereby apply to the City of Fredericksburg for Electric and / or Water service (s) to be delivered at the service address listed above beginning _____, in accordance with the Utility's rules. I agree to pay all bills rendered for utility consumption UNTIL I NOTIFY THE UTILITY OFFICE TO DISCONTINUE SAID SERVICE.

Signature: _____ Date: _____

Project Share ----- _____, Yes, I would like to help a neighbor in need with a tax-deductible contribution to Project Share. I will contribute \$ _____ per month. To Project Share. I understand this amount will be billed to me monthly.

_____, No, I do not wish to designate a donation to Project Share at this time.

(OFFICE USE ONLY) -----

DEPOSIT \$ _____ RECYCLE BIN DEPOSIT \$ _____ DATE PAID: _____

RECEIPT NUMBER: _____

Deposit Applied on Account or Refunded: _____ Warrant # _____

Date Applied on Account or Refunded: _____