

Application for Service
Sabula Municipal Utilities – P O Box 331 – Sabula, Ia 52070

Date of application _____ Date to begin Service _____

Name _____ Dr. Lic # w/photo I.D. _____

Service Address _____ P O Box _____

Billing Address (if different) _____ P O Box _____

Phone Number _____ Date of Birth _____

Social Security # _____

Please list any non-dependent adults living at this property who are 18 years or older.

We do not allow a person who is not living at the property to put the utilities in their name. All utilities must be in customer's name.

3.2 (1) Credit Criteria for Initial Deposits:

The requirements of an initial deposit shall be determined by application of the following criteria:

- a. No initial service deposit shall be required of an applicant: 1) who has previously established a credit with the utility. 2) whose twelve most recent bills from the utility were timely paid (including one automatic forgiveness of a late payment) and 3) whose new service is subject to the same rate classification as that for which the payment history was established.
- b. An initial service deposit not exceeding the highest monthly billing for service during the previous twelve month period shall be required of an applicant for service who does not meet the credit criteria of subparagraph "a" above.

***** For refund purposes, the account shall be reviewed on the anniversary date of the deposit to determine if the deposit will be refunded to the account holder. The deposit will not be returned until the account holder meets the "12 consecutive months rule" or closes the account with full payment of all debts.

However, as to residential rental properties, Section 384.84 only requires repayment of the deposit when the tenant moves from the property.

- c. The City of Sabula allows a person other than the customer to pay the customer's deposit. If a deposit is refunded the check will be made out to the customer not the one who pays the deposit.

Electric reading _____ Deposit _____ Gas reading _____ Deposit _____

Total Deposit _____

I hereby apply for the following municipal service(s) at the address listed above, pursuant to the condition of the utility rules.

_____ electric _____ gas _____ water _____ sewer _____ solid waste

Customer Signature _____ Date _____

