

# Application for Service - Business

PLEASE PRINT

## Emmetsburg Municipal Utilities

2021 Main St. – P.O. Box 417  
Emmetsburg, Iowa 50536  
712-852-2550

Date Service Requested: \_\_\_\_\_

### **SERVICE ADDRESS**

Street Address: \_\_\_\_\_

Ownership Status: Own  - or - Rent  If renting, owner(s) name: \_\_\_\_\_

### **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **BUSINESS OWNER/AUTHORIZED CONTACT PERSON**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DL Issuing State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby apply for utility services and agree to pay Emmetsburg Municipal Utilities all charges incurred in the accordance with the rates, rules and regulations legally in effect and on file at the utility. I understand I am required to pay a deposit, which will be refunded or credited to my account at the completion of 12 billing periods which **NO** late charges have been assessed. If the account is closed before the 12-month period, the deposit will be applied to the final billing and the balance returned to the applicant.

I have read and understand everything stated on this application.

\_\_\_\_\_  
*Authorized Contact Person* *Date*