

Application for Service

PLEASE PRINT



EMU
EMMETSBURG
MUNICIPAL UTILITIES
GAS | WATER | SEWER

Date to Transfer Services: _____

SERVICE ADDRESS

Street Address: _____

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

PRIMARY APPLICANT

(Responsible for all decisions regarding this account)

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ DL Issuing State: _____

Email Address: _____ Phone Number: _____

Employer: _____ Work Phone Number: _____

SPOUSE

(Also responsible for this account)

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Phone Number: _____

ROOMATES (18 years & over)

Full Name & SS#: _____ Phone Number: _____

Full Name & SS#: _____ Phone Number: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Utility Services Agreement

I hereby apply for utility services and agree to pay Emmetsburg Municipal Utilities all charges incurred in accordance with the rates, rules, and regulations in effect and on file with the utility. I understand that a deposit is required, which will be credited to my account upon the completion of 12 consecutive billing periods without any late charges. If the account is closed prior to the completion of this 12-month period, the deposit will be applied to the final bill, and any remaining credit balance will be returned to the primary account applicant.

I have read and understand everything stated on this application.

Signature of Primary Applicant *Date*