



APPLICATION FOR UTILITY SERVICES

Please complete form and return to City Hall Offices at least 3-7 business days prior to service connection.
(Please print)

Date service is requested: _____

Name(s) as to appear on account: _____

Spouse/fiancé/significant other if not listed on account name: _____

Address of property moving into: _____

Mailing address if different from above: _____

Owner, realtor or landlord name: _____

Did you purchased the property or will you be renting: _____
Please note that if you are renting, a Tenant Deposit in the amount of \$200 is due to the City of Dyersville prior to service connection.

1st Phone #: _____ 2nd Phone #: _____

Your Social Security Number: _____ Date of Birth: _____

Spouses Social Security Number _____ Date of Birth: _____

Federal I.D. Number (business only) _____

Email Address: _____

Would you like to receive your bill and account notices via email and not a paper copy in the mail? Yes No

Previous address _____ Disconnect date if req'd _____

Are you interested in, or do you currently have payment done by automatic bank withdrawal? Yes No

Register to be notified in the event of emergency situations or critical community alerts at alert.iowa.gov.

Please bring this form along with a government issued photo I.D. into City Hall offices. If a government issued photo I.D. is unavailable, please bring another type of photo identification with you.

Signature _____ Date _____

For Office Use Only

City Verification was done by the following method:(please check)

Government or other Photo ID

Landlord or Previous Owner Verification

Personal Knowledge of Applicant

Other – please explain

T.D. Paid if required

Welcome Packet

City Signature: _____ Date: _____