



# Application for Service - Residential

Utilities are required to comply with the FTC's Red Flag Rules to prevent identity theft.

NAME: \_\_\_\_\_ SSN # \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN # \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER OCCUPANTS NAMES: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
STREET CITY

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

IF RENTING: \_\_\_\_\_  
LANDLORD'S NAME LANDLORD'S ADDRESS

MOVING FROM: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PREVIOUS UTILITY: \_\_\_\_\_  
NAME CITY STATE ZIP CODE

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMERGENCY ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOW WOULD YOU LIKE TO BE BILLED FOR YOUR SERVICES -

COMBINED (UTILITY & TELECOM)  SEPARATE BILLING (UTILITY & TELECOM)

HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENT -

ELECTRONICALLY (SAVE \$1/MONTH – MUST HAVE EMAIL ADDRESS LISTED ABOVE)  VIA MAIL

Proof of customer identification and signature must be made at the local office. The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility and telecom service(s) if this application is accepted by Waverly Utilities. The undersigned also agrees to abide by all rules, regulations, policies, ordinances, and tariffs governing the Waverly Utilities which are on file at the Waverly Utilities office and with the State Commerce Commission, Des Moines, Iowa (when applicable).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DRIVERS LICENSE # / BIRTHDAY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UTILITY EMPLOYEE

\_\_\_\_\_  
DEPOSIT COLLECTED

\_\_\_\_\_  
CUSTOMER NUMBER