

City of Elkader
APPLICATION FOR UTILITY SERVICES (Residential)

Move in/out date _____

Name _____

Service Address _____ PO Box _____

Alternative mailing address _____

Phone number(s) _____

Email _____

Do you wish to receive a paper bill _____ or have your bill emailed to you? _____

Do you want to have your bill automatically deducted from your checking or savings account?
(another form is needed for this) _____

Drivers License No. and state of issue _____

SSN _____ Date of Birth _____

Own ___ Rent ___ Landlord _____ Phone _____

\$50 Connection Fee Paid _____ \$50 Connection Fee On Account _____

Will someone else be jointly responsible for the bill? If so, please complete:

Co-occupant _____

Phone number (s) _____

Drivers License No. and state of issue _____

SSN _____ Date of Birth _____

The above named Applicant and Co-Applicant(s) (hereafter referred to as Applicant) states that the above information provided on the Application for Utility Service is true and accurate. Further, applicant states that applicant is not indebted to the City of Elkader for past municipal utility services, even at a different location and even if under a different name. Further, applicant does state that applicant resides in the above described premises for which utility services are being applied, and that the same shall be applicant domicile and permanent residence. Further, applicant states that applicant will not allow person(s) to live at this residence who are currently indebted to the City of Elkader for past municipal utility services or they will thereby become legally responsible for the outstanding bill. Finally, applicant does state that applicant is applying for municipal utility services in good faith, and that the application is not being made in lieu of or on behalf of another person or persons who will also be residing at the above described address and who has an outstanding, delinquent utility service account with the City of Elkader. The applicant accepts responsibility for payment of utility bills, and agrees to abide all rules and regulations governing service, which are established by the Elkader City Council. Failure to comply may result in termination of service.

Signature of Applicant(s)

Date

FOR OFFICE USE ONLY (initial and date when task is complete)

1. Work order for read-in or read-out? _____ Meter Reading _____

2. Move-in/move-out screen (under UB, entry, service order entry screen)

Account number of move-out: _____ New account number: _____

Account number of move-out LL if applicable: _____

3. Does meter reading number need to be adjusted? _____ (UB/entry/meter reading)

4. Miscellaneous charges screen (under UB, entry)

Connection Fee: Paid or added to bill? _____ (unless they have a new housing incentive)

GA Admin fee added to bill? _____

5. Entered info from application in account set-up screen (DL, SS, co-occupant info, etc.) _____

6. Review account/services:

-new customer status?

-review active services?

-are they a tenant? _____ Is the correct landlord account associated? _____ (did get meter reading for LL?)

-if landlord/tenant did the meter reading get transferred to new account properly?

-did they get new housing incentive and need base rates inactivated? _____ if so, did you
put it on the calendar to re-activate? _____ (month) _____

7. Enter payment of connection fee or recycling bin if paid at time of application through RM _____

8. Landlord form on file? _____ (if not, ask LL about it) _____

9. Proration needed? _____ Entered into computer? _____

New Account #:	Pro rate: # of Days	GA	MR	SB	WB
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Old Account #:	Pro rate: # of Days	GA	MR	SB	WB
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10. After billing, go back and change final billed status to inactive