

CITY OF PRESTON

1 W. Gillet St.
Preston, Iowa 52069

Phone 563-689-3081
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APPLICATION FOR UTILITY SERVICE

NAME: _____

Social Security No. _____

Service Address: _____

Billing Address : _____

Phone: _____

Employer: _____

I hereby agree for utility services for the service address listed above. I agree to pay all bills rendered by the utility for services received from the date of connection to the date service is discontinued. I further agree to give notice to the utility of my intent to discontinue service.

Signed: _____ Date: _____

Is this a rental property ? _____ Landlord Contact : _____

Phone : _____

Is Lease Agreement required? _____ Date of Contact : _____

Copy of Lease Agreement received: _____

Approved by: _____ Date: _____

Electric Deposit \$ _____ Check # _____

Gas Deposit \$ _____ Refund Date _____

Water Deposit \$ _____ (1 year from Full Deposit Payment,
providing: must remain current on all
Utility bills w/in that year)

Sewer Deposit \$ _____

Garbage Deposit \$ _____ Total Deposit : _____