



Harlan Municipal Utilities
2412 Southwest Ave PO Box 71
Harlan, IA 51537 (712) 755-5182

Application for Residential Utility Service

Address where service is requested _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____ Phone _____

Own Rent Landlord Name and Address _____

Number of People Living Here _____ Landlord Phone _____

Please list ALL people 18 years or older living at this residence that are not a dependent as defined by state & federal income tax provisions (Attach additional sheet, if necessary)

Name _____

Social Security # _____

Date of Birth _____

Employer _____

Name _____

Social Security # _____

Date of Birth _____

Employer _____

Name _____

Social Security # _____

Date of Birth _____

Employer _____

Name _____

Social Security # _____

Date of Birth _____

Employer _____

Previous Utility Company _____

City _____ State _____ Phone _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative we could contact:

Name _____ Relationship _____

Address _____ Phone _____

(Continue form on next page)

-----FOR OFFICE USE-----

Application taken by: _____
 Deposit Amount: \$ _____
 Sewer Fee Paid: (Yes/NO) _____
 Read-In Date: _____
 Customer account# _____
 Service Order Done _____ Dep in Comp _____
 Scanned: _____ Gas List: _____

Deposit Disposition:
 _____ Held 5 years/Applied to account
 _____ Nonpay Disco/Applied to Account
 _____ Refunded due to good credit
 _____ Customer Moved
 Applied to Final \$ _____
 Refunded \$ _____
 Date: _____ CHK# _____

Notice to Applicant – Please Read

I, the undersigned, agree to be jointly and severally liable for payment for all services provided by Harlan Municipal Utilities (HMU).

If I fail to pay a bill on a timely basis, I understand that electric, gas, or water service may be discontinued.

I understand that the deposit made with this application will be retained by HMU for a period specified in their current policy. Should I fail to timely pay my utility bill, HMU may, at their discretion, retain said deposit for an additional period of time. In addition, should I leave HMU’s service area with an outstanding balance due to HMU, my deposit will be credited to said outstanding account, and the balance, if any, forwarded to me.

In the case of disconnection for non-payment, I understand that a new, or additional, deposit will be required in addition to full payment of any outstanding balance up to, and including, the date of disconnection in order to have utilities re-connected at that location or to get utility service at a new location in HMU's service area.

I understand I am subject to §384.84(3)(d)(1) of the Iowa Code that states “If a delinquent amount is owed by an account holder for a utility service associated with a prior property or premises, a city utility, city enterprise, or combined city enterprise may withhold service from the same account holder at any new property or premises until such time as the account holder pays the delinquent amount owing on the account associated with the prior property or premises.”

I have been given a copy of the document entitled *Avoiding Shut Off of Gas/Electric Service for Nonpayment* and *Natural Gas Safety Brochure*.

Date _____ Signed _____

Date _____ Signed _____

Date _____ Signed _____

Date _____ Signed _____

Print this form and bring it to the HMU office at 2412 Southwest Ave, Harlan, IA 51537 along with your deposit to complete the process.