



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



## Application for Commercial Utility Service

Address where service is requested \_\_\_\_\_

Business Legal Name \_\_\_\_\_

Business DBA (if applicable) \_\_\_\_\_

Property Owner/Landlord (if applicable) \_\_\_\_\_

**Owner/Individual/Company responsible  
for paying Utility bills:**

**Manager (if different from owner):**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

In case emergency services are required and we are unable to locate you, please list an additional emergency contact person:

Full Name \_\_\_\_\_ Relationship to Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*(Continue form on next page)*

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

Application taken by: \_\_\_\_\_

Deposit Disposition:

Deposit Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Held 5 years/Applied to account

Sewer Fee Paid: (Yes/NO)

\_\_\_\_\_ Nonpay Disco/Applied to Account

Read-In Date: \_\_\_\_\_

\_\_\_\_\_ Refunded due to good credit

Customer Account# \_\_\_\_\_

\_\_\_\_\_ Customer Moved

Service Order Done \_\_\_\_\_ Dep in Comp \_\_\_\_\_

Applied to Final \$ \_\_\_\_\_

Scanned: \_\_\_\_\_ Gas List: \_\_\_\_\_

Refunded \$ \_\_\_\_\_

Date: \_\_\_\_\_ CHK# \_\_\_\_\_

**Notice to Applicant – Please Read**

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

If I fail to pay bills on a timely basis, I understand that utility 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 documents 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.*