



**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 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ 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.*