

CITY OF MANLY  
PO BOX 516  
MANLY IA 50456  
641-454-3090

APPLICATION FOR UTILITY SERVICE

NAME OF APPLICANT: \_\_\_\_\_

**\*\*COPY OF DRIVER LICENSE REQUIRED\*\***

SOCIAL SECURITY NO: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: P.O. BOX \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**IF RENTING:**

\_\_\_\_\_  
LANDLORD NAME                      ADDRESS                                      PHONE NO.

**EMPLOYMENT:**

\_\_\_\_\_  
PLACE OF EMPLOYMENT                                      EMPLOYER PHONE NO.

I, hereby apply for utility services for the premises listed above beginning \_\_\_\_\_, 20 \_\_\_\_,  
pursuant to the rules and regulations of the City of Manly. I agree to pay all bills rendered by the City of  
Manly until I give notice to the City of Manly to discontinue said utility service.

\_\_\_\_\_  
For the City of Manly                      Date                      Signature of Applicant                      Date

**\*\*\*TENANTS: WE WILL NOTIFYING YOUR LANDLORD OF ALL DISCONNECT NOTICES\*\*\***

DEPOSIT OF \$ \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_

A \$120 deposit intended to guarantee payment of bills is required for each service connection unless the applicant has established a satisfactory payment history with this utility. A new or additional deposit may be subsequently required if the deposit is refunded or found insufficient and the account becomes marked by untimely payments. The deposit shall be refunded or applied to the customer's account after twenty-four (24) consecutive months of prompt payment.