



**CITY OF PELLA**  
**825 BROADWAY ST.**  
**PELLA, IA 50219**  
**PHONE 641-628-4173 FAX – 641-628-3120**

**APPLICATION FOR SERVICE**

Service Location: \_\_\_\_\_ Date Service to start: \_\_\_\_\_

Person/People Responsible for bill payment:

\_\_\_\_\_  
(Name – Last, First, Middle Initial) (Social Security Number) Phone# \_\_\_\_\_

\_\_\_\_\_  
(Name – Last, First, Middle Initial) (Social Security Number) Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Additional Occupants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Person Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Own  Rent  \_\_\_\_\_ Outdoor Pets:  Yes  No  
(Landlord Name)

Mailing Address if different from service location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest Relative Name & Address \_\_\_\_\_  
\_\_\_\_\_

**Permission to Contact:** I consent to receive telephone calls, text messages and email messages from the City of Pella, and from any business associates with which the City of Pella has contracted, at the phone number(s) and email address associated with my account (including wireless telephone number(s), so that the City of Pella and its business associates may provide Utility information, service my account, and/or collect any amounts owed for this/these service(s) provided.

I understand that I may be charged for calls and/or texts by my wireless carrier, and methods of contact may include prerecorded or artificial messages and/or use of an automated dialing system.

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

Provide picture ID: (copy id on application)

*(Office Use Only)*

**Deposit** \$ \_\_\_\_\_

**Good Credit Check**

**GB:** Keep

**L O C**

**Good COP Customer**

Exchange to: SM MD LG