UTILITY BILLING OFFICE

City Hall, 50 West 13th Street
Dubuque, Iowa 52001

563-589-4144

FAX: 563-690-6688

APPLICATION FOR UTILITY SERVICE

****GOVERNMENT ISSUED PHOTO ID IS REQUIRED FOR EACH APPLICANT ALONG WITH THIS FORM**

Applicant Information - *(All persons residing in the unit/residence must sign application. Use additional pages if necessary.)*

Last, First, Middle Initial or Business Name		
Social Security Number or Employer Identification Number	Drivers License State & Number	
Date of Birth	E-mail Address	Is applicant currently indebted to City of Dubuque for past utility services?
Home Phone	Work Phone	Cell Phone

Paperless billing?
Yes ☐ No ☐ (Please check)

Co-Applicant(s) Information - *if applicable*

Last	First	Middle
Social Security Number	Drivers License State & Number	
Date of Birth	E-mail Address	Is applicant currently indebted to City of Dubuque for past utility services?
Home Phone	Work Phone	Cell Phone

Service Location Information

Service Street Address	Date Service Requested
Mailing Address (If different from service address)	

Own ☐ Rent ☐ *(Please check)*

Landlord Name & Phone Number

The above named Applicant and Co-Applicant(s) (hereafter referred to as Applicant) states that the above information provided on the Application for Utility Service is true and accurate. Further, applicant states that applicant is not indebted to the City of Dubuque for past municipal utility services, even at a different location and even if under a different name. Further, applicant does state that applicant resides in the above described premises for which utility services are being applied, and that the same shall be applicant domicile and permanent residence. Further, applicant states that applicant will not allow person(s) to live at this residence who are currently indebted to the City of Dubuque for past municipal utility services or they will thereby become legally responsible for the outstanding bill. Finally, applicant does state that applicant is applying for municipal utility services in good faith, and that the application is not being made in lieu of or on behalf of another person or persons who will also be residing at the above described address and who has an outstanding, delinquent utility service account with the City of Dubuque.

The applicant accepts responsibility for payment of utility bills, and agrees to abide all rules and regulations governing service, which are established by the City Council. Failure to comply may result in termination of service.

_____ _____ _____ _____

Applicant Signature | Date | Co-Applicant Signature | Date

OFFICE USE ONLY

New Account #	Photo ID & Type	UC Account?	Active account current? (include account #)

Employee Initials: _____ Date:_____