



GOWRIE MUNICIPAL UTILITIES

PO Box 47
Gowrie, Iowa 50543

Telephone 515-352-3065

APPLICATION FOR UTILITY SERVICES

Applicant's Name(s) _____

Service Address _____

P. O. Box _____

Billing Address _____
(if different from service address)

Phone Number _____

Social Security No. _____

I hereby apply for utility services for the premises listed above beginning _____, 20____ pursuant to the rules of the utility. I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue services. I also agree that should my bill be sent to collections, I am responsible for all collection fees added to the account.

Signature of Applicant(s) _____

****Proof of identification will be asked for when you apply for service. ****

****If there is more than one applicant, both persons must sign the application and show proof of identification****