

CITY OF SOLON

Solon, Iowa 52333

319-624-3755

FAX 319-624-2122

APPLICATION FOR UTILITY SERVICE

Date Service to Begin \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ Solon, Iowa 52333 \_\_\_\_\_

Other -contact Person \_\_\_\_\_ address \_\_\_\_\_ Phone# \_\_\_\_\_

POSTAL ADDRESS FOR BILLING \_\_\_\_\_  
( IF DIFFERENT THAN PROPERTY ADDRESS)

AN AMOUNT OF \$50.00 IS REQUIRED FOR THE UTILITY DEPOSIT



By making this application, I agree to abide by the rules of the utility and to pay bills rendered by the utility until I give notice to the utility to discontinue service. I understand it is my responsibility to inform the utility if any of the above information changes. I understand that the utility is not obligated to provide service if it feels it is not in the best financial interest of the utility. All facts stated in this application are true.

\_\_\_\_\_  
APPLICANT

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE