



**CITY OF STATE CENTER**  
118 E MAIN ST – PO BOX 668  
STATE CENTER, IA 50247  
[www.statecenteriowa.org](http://www.statecenteriowa.org)

**Date of Application:** \_\_\_\_\_

**APPLICATION FOR SERVICE**

**Name(s)** \_\_\_\_\_

**Application for:**

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Residential/Rural Electric (elect heat)     | <input type="checkbox"/> Water |
| <input type="checkbox"/> Residential/Rural Electric (non-elect heat) | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Commercial/Industrial Electric              |                                |

**Service Address:** \_\_\_\_\_ **Acct #** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Have you or any other occupant at this address ever had a utility account with City State Center?**

If Yes, please list address: \_\_\_\_\_

If No, please initial: \_\_\_\_\_

**Is this property:**

- ☐ Rented    If rented, give name of the landlord: \_\_\_\_\_
- ☐ Owned

I hereby apply for utility service(s) for the premises listed above beginning \_\_\_\_\_, 20\_\_.

**I hereby agree to use and pay for all charges incurred in accordance with the rates, rules, and regulations legally in effect and on file at City of State Center. I understand I must pay a deposit, which will be refunded to my account at the completion of 12 billings periods with no late charges assessed. If the account is closed, the deposit is applied to the closing bill or returned.**

I have been advised that the State Center Electric Utility in accordance with Iowa Code Section 476.66 and 199 I.A.C. 20.15 operates a voluntary customer contribution fund plan known as *Project Share*. At this time I do ( ☐ ), do not ( ☐ ) wish to pledge \$\_\_\_\_\_ to the fund. I understand this is strictly voluntary and failure to pay the pledged amount will not affect my utility services in any way.

I understand that the utility service(s) to be supplied by the City of State Center must be installed and maintained in accordance with all applicable City Ordinances and operating policies.

I agree to allow the City's personnel to inspect the premises to determine that the water meter and remote readings correspond, and also to allow the City's personnel to inspect the property for illegal sump pump connections to the sanitary sewer system as defined by Chapter 95.07 of City Code.

I hereby certify that in the case of a new structure or an addition to an existing structure:

The structure or addition meets the Energy Conservation Standards adopted under the Iowa Administrative Code, Sec 199, Chapter 35.14, Sub-rule 661 – 16.801 and 16.802; and,

The structures or addition's water supply is in compliance with the United States Environmental Protection Agency's (EPA) 1986 Safe Drinking Water Act Amendment, Section 1417 which banned the use of lead pipe, fittings, solder, and flux in drinking water supplies as of June 19, 1986.

I hereby certify that I have been informed that the State Center Water Utility, as required by the Iowa Department of Natural Resources (IDNR), has chemicals. Because I am a new water utility customer, they, the City, are providing a copy of these test results to me, upon request.

**Service Address:** \_\_\_\_\_ **Acct #** \_\_\_\_\_

**Primary Applicant's Name:** \_\_\_\_\_

(Responsible for all decisions regarding this account)

TIN or Social Security No: \_\_\_\_\_ Driver License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Secondary Applicant's Name:** \_\_\_\_\_

(Spouse/Roommate or other responsible adult in the household for decisions regarding this account)

TIN or Social Security No: \_\_\_\_\_ Driver License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Responsible Applicant's Name:** \_\_\_\_\_

TIN or Social Security No: \_\_\_\_\_ Driver License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

All persons signing this Application for Service agree to be "jointly and severally liable for payment for all services rendered at the service address".

I hereby acknowledge that I am the person applying for service; and, that I am required to provide a photo ID as proof of identity.

**I hereby acknowledge that I have read and understand the attached conditions of service.**

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Deposit Amount: \$ \_\_\_\_\_ Received: \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_

or

Letter of Credit: Received: \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date: \_\_\_\_\_