



Utility Application

Payments Due the 15th of Each Month

Utility Service Sign up – *print legibly with black/blue pen*

Return to 200 2nd St NE, City Hall, Bondurant, IA 50035, Deposits are accepted in cash or check only.

Drop off in the office, Mail to the Office, or Put into the drop box west side of City Hall

Service Holder's Information

Full Name: _____ Today's Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

Email Address: _____

Main Phone: _____ Secondary Phone: _____

Date to Start Service: _____ Social Security No*: _____ Date of Birth*: _____

I would like to opt into emailed paperless billing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	I would like to opt into auto pay?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Own?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Landlord Information

Name or Company: _____ Phone: _____

Address: _____

or bank info card

Name of Financial Institution: _____
City State

Bank Routing No: _____
(First set of numbers on your check including all zeros)

Checking Savings

Account No: _____
(Second set of numbers)

I hereby authorize the City of Bondurant to initiate variable debit entries to my (our) checking/saving account indicated above and the above named bank to debit my (our) account. This authority will remain in effect until I notify the City of Bondurant.

Also I understand that I remain responsible to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and that the City of Bondurant retains its normal collection rights.

Yes No

(Office Use only) Utility Account No _____

Signature: _____ Date: _____

Deposit Information

Deposit Amount: **\$150**

Receipt No: _____

Deposits must be in the form of cash or checks.

The above referenced deposit is intended to guarantee payment of bills and is required for each account. An additional deposit may be subsequently required if the deposit is found insufficient and the account becomes marked by untimely payments.

The amount of deposit shall be determined in accordance with the City of Bondurant’s service rules and applicable rules of the Iowa State Commerce Commission. I understand that this deposit will be applied to my account upon termination of services. If the deposit is more than my “final bill”, I will promptly pay the balance due. If payment is not received within 30 days of final bill issuance, my account will be turned over to the State of Iowa’s Income Offset Program. A \$42 administrative fee will be added. If the deposit is more than my “final bill”, the City of Bondurant will refund the credit balance.

A ten percent (10%) late fee is added to my bill every time my bill is not paid in full by 8:00 a.m. on the 16th of the month. Should I be sent a disconnect notice and do not pay the amount due by 8:30 a.m., on the specific date printed on said notice, a \$50 nonpayment fee will be added to my account regardless of disconnection of service.

Other Responsible Party for Billing

Name or Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

First bill – approximately 30 days in arrears, availability fees for water, sewer, garbage, recycling, and storm water. No proration applies to this first bill it is the same whether the turn on date is the first or last day of the month.

Second bill – total consumption from the date service is initiated to the meter read on the 1st of the month at the beginning of the billing cycle (typically 6 weeks)

Third bill and each subsequent – four week billing window, approximately 30 days in arrears, which ends of the 15th of the previous month. For example: March 1, bill will be for gallons metered between January 1 and January 31 approximately.

Final read – billing window may be up to 6 weeks + availability fees

I, hereby request utility services, for the premises listed above beginning on the ____ of _____, 20____, pursuant to the rules and regulations of the City of Bondurant. I agree to pay all bills rendered by the City of Bondurant until I give notice to the City of Bondurant to discontinue said utility services.

Signature: _____ Date: _____

*I understand that in giving my social security number that it can be used by the City of Bondurant to collect unpaid debt.

Staff Initials: _____