

City of Waverly Utilities  
Waverly, Iowa  
Application for Service

Name: \_\_\_\_\_  
Last
First
Middle
S.S. #

Spouse Name: \_\_\_\_\_  
Last
First
Middle
S.S. #

Other Occupants Names and Ages: \_\_\_\_\_

Service Address: \_\_\_\_\_  
City

Phone: \_\_\_\_\_

If Renting:

Address: \_\_\_\_\_  
Landlord's Name
Street
City
State
Zip Code

Mailing Address: \_\_\_\_\_  
Street
City
State
Zip Code

Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Spouse Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Nearest Relative: \_\_\_\_\_  
Street
City
State
Zip Code

Moving From: \_\_\_\_\_  
Street
City
State
Zip Code

Previous Utility: \_\_\_\_\_

Address: \_\_\_\_\_

Proof of customer identification and signature must be made at local office. The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility service(s) if this application is accepted by the City of Waverly.

The undersigned also agrees to abide by all rules, regulations, policies, ordinances, and tariffs governing the Waverly Light and Power which are on file at City Hall and with The State Commerce Commission, Des Moines, Iowa (when applicable).

\_\_\_\_\_  
I.D.

\_\_\_\_\_  
Signature of Applicant/Spouse

\_\_\_\_\_  
Utility Employee

\_\_\_\_\_  
Date Signed

