

*City of Cumberland
207 Main Street
PO Box 178
Cumberland IA 50843*

Application for Utility Services

Name of Applicant: _____

Drivers License #: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Social Security Number: _____

If Renting:

Landlord's Name	Street Address	City	State	Zip Code
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Deposit Amount: \$100.00 Date Received: _____

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

City of Cumberland

Signature of Applicant

Date

Date

Office Use Only:

Date water turned on _____

First meter reading _____