

# Independence Light and Power

## Application for Utility Service

The following information must be accurate to the best of the applicant's knowledge. Applicants providing fraudulent information may be prosecuted to the full extent allowable by law.

### Your Information

Today's Date \_\_\_\_\_

\*required fields

First Name\* \_\_\_\_\_ Middle Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Driver's License Number\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_ Email Address \_\_\_\_\_

Service Address\* \_\_\_\_\_ Date Service Requested\* \_\_\_\_\_

Bank Name\* \_\_\_\_\_ Bank Telephone #\* \_\_\_\_\_

Bank Address\* \_\_\_\_\_

Home:\* Own \_\_\_\_\_ Buying \_\_\_\_\_ Rent \_\_\_\_\_ Auto:\* Own \_\_\_\_\_ Buying \_\_\_\_\_ Rent \_\_\_\_\_

Name and address of Institution &/or persons holding title to home or auto:

\_\_\_\_\_  
\_\_\_\_\_

Owner/Landlord/Manager of Service Address \_\_\_\_\_

Names of other persons residing at Service address\* \_\_\_\_\_

Employer/School\* \_\_\_\_\_

Employer/School Telephone Number\* \_\_\_\_\_ Are you married? Yes No

Name and address of utility company where you have received electric service for the past twelve (12) months\*

\_\_\_\_\_  
\_\_\_\_\_

### Mailing address (if different than Service Address)

Street Address\* \_\_\_\_\_ Apt. lot or unit number \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

### Spouse or Roommate Information

First Name\* \_\_\_\_\_ Middle Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Driver's License Number\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_

Employer/School\* \_\_\_\_\_

Employer/School Telephone Number\* \_\_\_\_\_

**This is a 2-sided application---Please fill out both sides**

I, \_\_\_\_\_, am hereby applying for utility services from Independence Light and Power, Independence, Iowa. All information contained in this application is true and correct to the best of my knowledge.

I understand that I am responsible for all utility accounts which are in my name, should I cease to reside at the service address or cease to need the account in my name, I will contact Independence Light and Power within ten (10) days at 700 7<sup>th</sup> Ave NE, Independence, Iowa and notify them of the person or persons whose name the account should be placed under. I further understand that should I default on this account, Independence Light and Power has legal rights under the laws of the state of Iowa to collect the amount in default and legal remedies will be sought.

\_\_\_\_\_  
Applicant's signature

Date \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's signature

Date \_\_\_\_\_

Notes: Independence Light and Power will need a photocopy of a photo id for each applicant listed on the account. You will also need to provide Independence Light and Power with a credit letter for the past 12 months of service that shows no more than one late payment. If an acceptable credit letter cannot be provided a deposit will need to be made before service can be put into applicant's name. This completed application needs to be brought to the office of Independence Light and Power, 700 7<sup>th</sup> Ave NE, Independence, IA. If you have any questions, call our office at 319-334-3880, 7:00 am – 4:00 pm.

**FOR OFFICE USE ONLY:**

ID \_\_\_\_\_

DEPOSIT AMOUNT \_\_\_\_\_

ID CO-APP \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

INITIALS OF PERSON TAKING APPLICATION \_\_\_\_\_