



ACCOUNT# _____

DEPOSIT: _____

700 7th Ave NE • Independence, IA 50644 • Phone: 319-332-0100 • Fax: 319-332-0101 • www.indytel.com • support@indytel.com

Application for Residential Utility Service

Date: _____ Date to Read In: _____

Applicant's Name: _____ SS#: _____

Co-Applicant Name: _____ SS#: _____

Applicant's Birthdate: _____ Co-Applicant Birthdate: _____

Applicant Driver's License # _____ Co-Applicant DL # _____

Home Phone: _____ Cell Phone: _____

Email Address for updates/outages: _____

Service Address: _____

If Renting: Landlord's Name & Address: _____

Name of other persons living at service address (over 18): _____

Mailing Address (if different from service address): _____

Applicant's Employer and Address (Source of Income):

Employer's Phone: _____ Supervisor: _____

Co-Applicant Employer and Address: _____

Closest Living Relative and Address: _____

Name and address of your previous utility provider where you received service for the past 12 months:

The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility service provided by Independence Light & Power, Telecommunications. Account holder is responsible for contacting ILPT to have services changed and/or read out.

PLEASE NOTE: A Deposit or Letter of Credit will be required before service can be provided. A copy of your photo ID is also required.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____