

City of Hubbard

323 E. Maple

P.O. Box 265

Hubbard, IA 50122

Ph. (641) 864-3187 – Fax (641) 864-3379

Application for Utility Services

Applicant's Name: _____

Social Security #: _____

Telephone #: _____

Service Address: _____

Billing Address: _____

I hereby apply for utility service for the premises listed above beginning _____, pursuant to the rules of the utility. I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue services.

Signed: _____, Applicant Date: _____

****TENANTS: WE WILL BE NOTIFYING YOUR LANDLORDS OF ALL DISCONNECT NOTICES*****

NAME: _____

ADDRESS: _____

Received from _____, a \$ _____

Utility deposit for utility services on _____, _____.

A \$150 deposit intended to guarantee payment of bills is required for each service connection.