

**NEW ACCOUNT
INFORMATION**



Sioux Center Municipal Utilities
335 1ST AVENUE NW
Sioux Center, Iowa 51250
(712) 722-0761

CUSTOMER NAME _____

ADDRESS _____ Email Address: _____

TELEPHONE No. (Home) _____ (Work) _____

CUSTOMER SOCIAL SECURITY NUMBER _____

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OWN HOME ☐ RENT ☐ IF RENTING, OWNERS NAME _____

OWNERS TELEPHONE NO. _____

CUSTOMERS EMPLOYER OR SOURCE OF INCOME _____

EMPLOYER ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____

SPOUSE/ROOMMATE NAME _____

SPOUSE/ROOMMATE SOCIAL SECURITY NO. _____

EMPLOYER OR SOURCE OF INCOME _____

EMPLOYER ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____

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PLEASE LIST THE LAST UTILITY YOU HAVE RECEIVED SERVICE FROM _____

UTILITY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDRESS WHERE SERVICE WAS RECEIVED _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____

**I HEREBY APPLY FOR SERVICE IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE
SIOUX CENTER MUNICIPAL UTILITIES.**

CUSTOMER SIGNATURE _____ **DATE** _____

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Utility Use Only: ACCOUNT NO. _____

CREDIT REFERENCE _____

DEPOSIT RECEIPT NO. _____

WASTEWATER _____

ELECTRIC _____

WATER _____

GAS _____

SOLID WASTE _____