

Application for Utility Services

Please complete form and return to City Hall at least one	business day prior to service connection (please print)
Date Service is Requested:	
Name(s) as to appear on account	
Spouse/fiancé/significant other if not listed on account n	ame:
Address of property moving into:	
Mailing address if different from above:	
Owner or Landlord Name:	
Have you purchased the property or will you be renting?	
Please note that if you are renting a property, a Rental Deposit in the connection.	amount of \$120 is due to the City of Sheffield prior to service
You Phone #Spouse/Ro	oommate Phone #
Your Social Security Number:	
Spouses Social Security Number:	Date of Birth:
Federal Tax ID Number (business only)	
Email Address:	
Previous Address:	Disconnect date if req'd
Signature	Date
For Office Use Only	
Deposit Pd: Y or N (Cash Check Credit) Approved by:	Account #Date:

Mayor: Scott Sanders

Council:, Brad Mulford, James Robbins, Nick Wilson, Dave Smit, Jill Peterson

110 South 3rd Street

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