



Mt. Pleasant Municipal Utilities

P.O. BOX 637 509 NORTH ADAMS
MT. PLEASANT IOWA 52641
PHONE: 319-385-2121

Office Use Only	
Location #	
Deposit	
Collection	

WATER: The Utilities maintains the service to the curb shut off box, the meter and remote reading devices.

ELECTRIC: The Utilities maintains the line to the meter box or where the Utilities tap on the customer's mast.

Service Start Date		Electric <input type="checkbox"/>	Water <input type="checkbox"/>
Service Address			

Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Property Owner Name	
Property Owner Phone Number	

A service deposit is required for all customers and must be paid when they sign up for service, unless they can provide a letter of credit from another utility. A customer will qualify for a refund of a service deposit after twelve consecutive payments have been made with two or fewer payments having been received late. When utility service is to be discontinued, any deposit held for that location will be applied to the final bill or transferred to a new MPU account. Any remaining deposit amount will be refunded by mail to the customer. There is a \$27.00 charge on all returned checks

Applicant Name or Business		SSN or Tax ID No.	
Mailing Address (if different than service address)		Date Of Birth	
City, State, Zip		Phone Number	
Email Address		Bill Delivery	
Previous Address		Mailed <input type="checkbox"/>	Emailed <input type="checkbox"/>

Joint Applicants Name		SSN or Tax ID No.	
Mailing Address (if different than service address)		Date Of Birth	
City, State, Zip		Phone Number	
Email Address			
Previous Address			

List all person(s) 18 years of age or older living in residence

Name	Phone Number

Name	Phone Number

The Utilities reserves the right to read, change, replace, and maintain all meters during regular working hours or during any emergencies. By signing this form, the customer agrees to give the Utilities access to all meters and associated equipment used to deliver utility service to the above listed service address.

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Applicant Signature

Date

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Joint Applicant Signature

Date