



PO Box 95, Greenfield, IA 50849
641.743.2741 (phone) 641.343.7362 (fax)

APPLICATION FOR UTILITY SERVICE

Application must be submitted into our office at 202 S 1st St along with government issued photo identification for all residents over the age of 18. Forms & identification copies can also be mailed, faxed or emailed to jessica.foster@gmu-ia.com

Date: _____

Primary Applicant: _____	Co-Applicant: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Driver's Licence #: _____	Driver's License #: _____

Service Address: _____

Mailing Address: _____ Phone Number: _____

Employer: _____ Phone Number: _____

I give permission for GMU to call any number I have listed above. Initial _____

I (we) request the following service(s) on or before: _____

Electric * _____ Water _____ Sewer _____ Temporary Electric _____

Do you rent or own this property? Rent: _____ Own: _____

Is applicant(s) a prior customer? Yes _____ When _____ No _____

* Standard service is 120/240 volt 200 amp single phase, if requesting service other than standard, please specify

** Iowa Statewide Electric Permit 1.866.923.1082 or website: iowaelectrical.gov**

Would you like to have your payment automatically withdrawn from your bank account? This withdrawal is done on the 17th on each month. Yes _____ No _____

(If yes, please attach a voided check)

Would you like to receive your utility bill by email? Yes _____ No _____

If yes, please list email address _____

I (we) agree to pay all bills rendered by the utilities for service received from the date of connection to the date service is discontinued. I (we) also certify that I (we) received a copy of the latest water quality report (CCR) for Greenfield Municipal Utilities. If the electric service is for a new building intended primarily for human occupancy, my (our) signature(s) certifies that the building meets all of the energy conservation requirements of the state building code [680 IAC 16.800(3) as amended by 16.800(4)].

Signature: _____ Date: _____

Co-Signature: _____ Date: _____

Optional: I (we) designate the following person (or agency) to receive a copy of any notice of disconnection of service that may result from non-payment of a bill.

Name: _____ Address: _____