

**WINTERSET MUNICIPAL UTILITIES
APPLICATION FOR UTILITY SERVICE
ELECTRIC & WATER**



Date: _____ Service requested by: _____

New Service Address: _____

Contact Information (for questions regarding this application)

Name (please print): _____

Phone(s): _____

Billing Information (name and address where charges relating to new services are to be sent)

Name (please print): _____

Address: _____

Phone(s): _____

Contractor Information (please print the name and phone #s for the following)

General: _____

Electric: _____

Plumbing: _____

Service Requested

Electric: _____ Underground _____ Overhead _____ Temporary Required (Y/N)

Water: _____

Additional Information

OFFICE USE

Received by Electric Department: _____ Service on: _____

Received by Water Department: _____ Service on: _____

**PLEASE ALLOW A MINIMUM OF FIVE (5) BUSINESS DAYS FOR ALL REQUESTS TO
ALLOW FOR SCHEDULING AND LOCATES. THANKS FOR YOUR COOPERATION**