## — CITY OF FREDERICKSBURG —

151 W Main Street | PO Box 318 | Fredericksburg, IA 50630 | cityclerk@fburg.ia.gov | 563.237.5725

<i>Please Print</i> Name	RESIDENTIAL APPLICATIO		
Service Address _			
Mailing Address _			
		Cell 🗆 Home Social Security #	
Employer			
	NAME	ADDRESS	PHONE #
Co-Habitant(s)			
Phone #	Cell 🗌 Ho	ome Social Security #	
Employer			
	NAME	ADDRESS	PHONE #
Nearest Relative . (Not living with you)	NAME	ADDRESS	PHONE #
Landlord (if applic	cable)		
		NAME	PHONE #
I hereby apply to t	the City of Fredericksburg for e	electric &/or water service (s	) to be delivered
at the service add	ress listed above, beginning		_ in accordance
with the utility's ru	ules. I agree to pay bills render	ed for utility consumption <b>u</b>	ntil I notify the
utility office to dis	scontinue said service. If I fail	to notify the office when I n	nove out, l
agree to pay servi	ices through the notified date		
Signature	Date		
PROJECT SHARE Yes I would like Share. I will contri included on my m discontinue. No, I do not wis	to help a neighbor in need wit bute \$ monthly to Projec onthly utility bill until I notify t sh to designate a donation to P	h a tax-deductible contribut at Share. I understand this ar the utility office that I would roject Share at this time.	ion to Project nount will be like to
OFFICE USE ONLY			◆
Deposit (\$150) 🗌	]Cash 🗌 Check 🔲 Card Da	te Paid 🗆	Applied to Acct.
Account #	Receipt #	Authorized	

CITY EMPLOYEE