

CITY OF TOLEDO  
1007 S. PROSPECT DRIVE  
PO BOX 234  
TOLEDO IA 52342  
PHONE 641-484-2160 \* FAX 641-484-3360 \* [cityhall@toledoia.gov](mailto:cityhall@toledoia.gov)

**APPLICATION FOR UTILITY SERVICE**

Name \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Service address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Number of adults at residence \_\_\_\_\_ Number of children \_\_\_\_\_

Current employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer address \_\_\_\_\_

SSN (or copy of driver's license or State ID) \_\_\_\_\_

Name and phone of emergency contact: \_\_\_\_\_

If renting, name of landlord \_\_\_\_\_ Phone \_\_\_\_\_

**I understand that the City of Toledo requires a \$150.00 deposit on all new utility accounts. I agree to pay for the deposit and all utilities provided to me by the City of Toledo until such time that, I am no longer an owner or residing at the above listed address. I understand that at this time, if the account is in good standing, the deposit will be refunded by check and must be approved by the Toledo City Council.**

**I understand that if I move from the Toledo service area with an outstanding balance, or if my service is disconnected for non-payment, my deposit will be credited against the amount owing, and that any balance owed to you will be forfeited.**

**If I fail to pay on time, I understand that a penalty will be added and that service may be discontinued. In case of disconnection for non-payment, I understand that full payment plus penalties (including disconnect and reconnect fees) will be required to restore service or to obtain service at a new location in the service area.**

**Renter: I agree that my landlord may request information and be notified of the status of my account.**

Date \_\_\_\_\_ Signed \_\_\_\_\_

Amount of deposit \_\_\_\_\_

Deposit received by: \_\_\_\_\_ Date \_\_\_\_\_

**Customer: Keep a copy of this application. It will serve as the receipt for your deposit.**