



PO BOX 246

AVOCA, IOWA 51521

PHONE 712-343-2424

Letter of Authorization for Utility Billing

I, _____, hereby grant the following permission for the utilities billing
for _____.

Signature: _____ Date: _____

Co-Applicant: Full access to the billing account such as, starting, stopping, or transferring services, updating information, and setting up payment extensions or agreements.

- The co-applicant authorizes Avoca Municipal Utilities to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this application, from landlords, credit bureaus, employers and creditors.
- The co- applicant requests Avoca Municipal Utilities to furnish utility service and accepts financial responsibility for utilities supplied to this service address, as bills are rendered, until notice is given to discontinue service.
- The co-applicant accepts financial responsibility and agrees that if the applicant, spouse and/or roommates owes Avoca Municipal Utilities for any past due utility bills, all unpaid bills must be PAID IN FULL prior to service being provided anywhere within the Avoca Municipal Utilities service area.
- By signing and returning this document along with a valid photo ID, the co-applicant agrees to the terms, conditions and all regulations of the City of Avoca governing the supply of utility services to customers.

Include co-applicants name on the bill: Y/N (circle one)

Co-Applicant Type: Spouse, Parent, Roommate, Co-Applicant (circle one)

Co-Applicant Name (Print): _____

Co-Applicant Name (Signature) : _____ Date: _____

Birthdate: _____ Drivers License number: _____

Phone # _____ E-mail: _____