



## Application for Residential Utility Service

Please complete application and submit with a government-issued **photo ID within 10 days of service start date**. Information may be submitted by e-mail to [customerservice@ankenyiowa.gov](mailto:customerservice@ankenyiowa.gov) or mailed/dropped off at the Utility Billing Department, 410 W. First St. Ankeny, IA 50023.

1. Service Address \*  
\_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. or Unit \_\_\_\_\_
2. Service Start Date \* \_\_\_\_\_ Number of people in household\* \_\_\_\_\_
3. Primary Customer Name \*  
\_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
4. Date of Birth\* \_\_\_\_\_
5. Driver's License No. or other government issued ID\* \_\_\_\_\_
6. Customer Name (2nd)  
\_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Drivers License No. or other government issued ID\* \_\_\_\_\_
9. Mailing Address  
(if different) \_\_\_\_\_  
Street Address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_
10. Primary Phone\* \_\_\_\_\_ Alternate Phone \_\_\_\_\_
11. E-mail Address\* \_\_\_\_\_ Check for e-mail bills \_\_\_\_\_
12. Renting?\* \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, answer Questions 13-15

13. Landlord Name *	_____
14. Landlord Address *	_____
	Street Address _____ City _____ State, Zip _____
15. Landlord Phone	_____

\* Required Information

Submittal of this application indicates agreement to abide by the rules of the utility, paying bills rendered and providing the City access to the city meters, wires and pipes at reasonable times as provided by law.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: Identifying Information and phone numbers are for customer security and City use only.

For City Use Only - ID Reviewed: \_\_\_\_\_  
Date \_\_\_\_\_

For information on automatic payment options using Direct Pay or a Recurring Credit Card please visit our website at [www.ankenyiowa.gov](http://www.ankenyiowa.gov) or contact us at 515-963-3565.