

**CITY OF GLIDDEN, IOWA  
APPLICATION FOR SERVICE**

Customer Information

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

Name \_\_\_\_\_

First Middle Initial Last

SSN \_\_\_\_\_ (must be at least 18) Drivers license # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Will there be other adult residents living at this address? If so, what are their names?

Spouse's name \_\_\_\_\_

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Emergency Information: Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Do you own or rent? Landlord's name: \_\_\_\_\_ Phone \_\_\_\_\_

I declare that, to the best of my knowledge and belief, the application information I provided is true, correct and complete. Multiple residents will be jointly and severally liable for the account.

By \_\_\_\_\_ Date \_\_\_\_\_

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Start service date \_\_\_\_\_ Appointment time to read meters \_\_\_\_\_

Deposit # \_\_\_\_\_ Deposit amount \$ \_\_\_\_\_ RE,WA,SR,GA,LA

(Deposits shall be retained by the utility until service is terminated.)

Account # \_\_\_\_\_ Service location \_\_\_\_\_

This application was accepted by the City of Glidden, Iowa on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
City official

# City of Glidden

108 Idaho Street  
P.O. Box 349  
Glidden, Iowa 51443-0349  
Phone (712) 659-3010 \*\*\* Fax (712) 659-3085  
Email [glidden3@mchsi.com](mailto:glidden3@mchsi.com)

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**Welcome to the City of Glidden!**

As a new resident of Glidden you will need the following information:

**UTILITY BILLS** are issued on the first of each month; payable by the 20th. A 1.5% penalty is added on the 21st. One free penalty per calendar year is allowed. A copy of the City of Glidden rates and tariff are available at the City Office.

**BUDGET BILLING** **No Surprise!** For your convenience, you pay the same amount every month. The City figures your annual estimated bill based on usage at your address during the previous year. That annual amount is divided by 12 to determine your monthly Budget Billing amount. December is renewal month, when the City determines your new Budget Billing amount.

**AUTO PAY** **No Hassle!** Your utility bill will be automatically deducted from your bank account on the 20<sup>th</sup> day of the month. Complete and return the enclosed form if interested.

**GARBAGE PICKUP** for all residential is Mondays, not before 7:00 a.m. at curbside. Garbage pickup will be one day delayed if a holiday lands on garbage pickup day.

**RECYCLE** the right way! Place items in your red storage bin and set it on the curb when you set out the garbage. If you need a red recycle bin, they are available at the City Office at a cost of \$7.00.

**YARD WASTE/BRUSH SITE** available for Glidden residents. A private drive located at 1<sup>st</sup> and Utah Street will lead you to the site east of the City sewer plant. Only yard waste and brush will be accepted. No burning allowed in the City.

**OTHER SERVICE NUMBERS:**

For cable TV service: **Mediacom** 1-800-423-6835.

For gas service: **Black Hills Energy** 1-888-890-5554.

For phone service: **Iowa Telecom** 1-877-901-4692.

For locating underground service: **Iowa One Call** 1-800-292-8989.

For local Internet access **Breda Telephone Co** 1-800-522-1957

Or **Iowa Telecom** 1-877-901-4692

Or **Web Unwired** 1-866-WebNow1

Or **Mediacom** 1-800-423-6835

**EMERGENCY PHONE NUMBERS:**

Fire, ambulance, first responder & police: 911

Natural gas: 888-890-5554

Water/wastewater: 888-861-1921

City (electric): 712-830-4819

**LOCAL MUNICIPAL PHONE NUMBERS:**

Glidden Public Library 659-3781

City Office 659-3010

Swimming pool 659-2261

We are happy to have you as new **Glidden** residents. If you have any questions, please stop by or call Suzy at the office (659-3010) (e-mail: [glidden3@mchsi.com](mailto:glidden3@mchsi.com)).