City of Hawarden Telephone/Cable Application

Equip Deposit:	
Deposit amount:	
Connect Fee:	$30.00
Prepay Amount:	
Total Amount	

Client Information

Complete Name _____
First Last

Address _____ Unit/Apt _____

Account # _____ Locate # _____ Today's Date ____/____/____

Cell Phone #

Cable IN - OUT - MOVE

Date Service Desired
____/____/____

Delete all services ☐

	In	Out
Basic	☐	☐
Expanded Basic	☐	☐
Premium		
HBO	☐	☐
Cinemax	☐	☐
Showtime Pkg	☐	☐

Internet IN - OUT – MOVE

Date Service Desired
____/____/____

Digital IN - OUT - MOVE

Date Service Desired
____/____/____

Base ☐ Master List ☐

Showtime/TMC ☐
HBO ☐
Starz/Encore ☐
Cinemax ☐
PPV Yes ☐ No ☐

Set Top Box

Standard _____

Dual Tuner _____

Phone IN - OUT - MOVE

Date Service Desired
____/____/____

Local **Long Distance**

__Res = D1 = HIRESLD
__Business = D1 = HIBUSLD
Other _____

Y / N	LD Block
Y / N	900 Blk
Y / N	Int'l Blk
Y / N	PIC Freeze
Y / N	Unlisted
Y / N	Collect call blk

Directory Name
_____

Phone Features

1 Call Forwarding
2 CF-No Answer
3 CF-Busy
4 Call Waiting
5 Cancel Call Waiting
6 Call Manager
7 Speed Calling
8 Caller ID
9 Call Name & Number Block
10 3-Way Calling
11 Serial Hunt
12 Voice Mail
☐ LifeLine Assistance

Office Use

____911
____ INS
____Master
____MACC
____ Ron
____NLAD

INTERNET: Up to 50 mbps 54.95 Up to 300 mbps 79.95
Up to 150 mbps 64.95 Up to 1 Gig 99.95

Combo WiFi Router NEED ☐

Has Own Equipment ☐

Move Out Address _____

Move In Address _____

ACCOUNT INFORMATION :

Full name, Soc. Sec. #, & DOB of all occupants of premises over 18 years of age

Name **Social Security #** **Date of Birth**

_____

_____

Employer name, address & telephone number

_____

Relative name, address & telephone number

_____

If Tenant, name, address & telephone number of Landlord

_____

Verification information that could be used to change account service with a signature if so desired and others who are allowed access to this account. PASSWORD _____

Authorized Individual who can make changes to account _____

Additional Notes _____

I do hereby make the application to the City of Hawarden and request the following services. I also agree that I will pay for all services as listed on the front page, in the amount as indicated by the established rates of the City of Hawarden until notice is given to discontinue said services. I understand that my deposit can be used to pay my final bill and any remaining amount can be applied to any other unpaid bills I have with the City of Hawarden. I agree to comply with all rules, regulations, and ordinances pertaining to such services. I certify that the items are true and correct statements under penalties of fraud.

APPLICANT
SIGNATURE _____ **DATE** _____ **SOCIAL SECURITY#** _____
BIRTHDATE _____

Forwarding Address : _____

_____

_____

Bill To Address : _____

_____

_____