

Algona Municipal Utilities Cable Television Application 104 W Call St, Algona, Ia. 50511, 515-295-3584

Pre-Payment \$	
Date & Time of Apt:	

Name:	MACC Account #:	
Address:		
Work:	Is your TV connected and running?	
Home Phone:	Cell Phone:	
Social Security #:	DL#	
1. Cable Service (check one): I	Free Installation	☐ Basic ☐ Expanded Basic ☐ Digital Basic (Requires Digital, HD, or HD/DVR Gateway)
2. Choose any Digital Box and Requires Digital Ba		☐ Digital Converter Box ☐ HD Converter Box
 1 Converter Box, PPV, and Digital Cable (A 	, DMX Music, Premium Multiplex Additional Costs)	☐ HD/DVR Converter Box
3. Premium Multiplexes (Require	es Digital Cable, HD, or HD/DVR Converter)	☐ HBO ☐ Showtime/TMC ☐Cinemax ☐ Starz/Encore
4. Additional Cable Equipment ☐ Additional HD Converter		□Additional DCT
5. HDTV: ☐ HDTV Progr	ramming	
□ Paperless Billing - bill will be	e emailed to:	
and to the general changes in rules or rates for Digital and/or Analog) and remote controls w	and regulations of Algona Municipal Utilities as set r the service furnished under this application. I und rill be billed to me (the consumer) at current replac of any customer's equipment that is not o	derstand that any unreturned cable boxes cement cost. AMU is also NOT
Customer Signature and Date	AMU Rep	resentative and Date
Print Name		