

CITY OF ARLINGTON
 730 Main St., Arlington, Iowa 50606
 563-633-2345, brownmj@arlingtonia.com
WATER/SEWER APPLICATION

APPLICANT INFORMATION:

Name:		
Date of Birth:	SSN#:	
Address:		
City:	State:	Zip:
Home Phone #:	Cell Phone #:	
Rent / Own (Please circle)	Landlord Name:	

EMPLOYMENT INFORMATION:

Current Employer:		
Employer Address:		
City:	State:	Zip:
Phone #:	Position:	How long?

EMERGENCY CONTACT:

Relative Name (not living with you):		
Address:		
City:	State:	Zip:
Home Phone #:	Cell Phone #:	
Relationship:		

BEGINNING DATE:

BEGINNING METER READING:

I hereby acknowledge that all statements given are honest and accurate to the best of my knowledge. I understand I am responsible for paying all utility bills when due. Utility bills are mailed on the 1st of the month and are due on the 10th of the month. Any bills unpaid by the last monday of the month face disconnection. Utility deposits are retained until your account is closed and then refunded if your final bill is paid in full or it will be applied to your final bill.

Signature: _____ Date: _____

Deposit Paid: _____

(Attach copy of Driver's License/Picture ID)

Forwarding Address:		
City:	State:	Zip:
Home Phone #:	Cell Phone #:	

ENDING DATE:

ENDING METER READING: