



City of Aplington

409 10th Street ~ P.O. Box 308 ~ Aplington, IA 50604

Phone: 319-347-2425 ~ Fax: 319-347-6001 ~ Email: cityclk@iowatelecom.net
www.aplingtonia.com

New Utility Customer Form

Utility Account #: _____ Move In Date: _____

Name: _____
(Please print as you will want it on your bill)

SSN and a copy of a valid Drivers License: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (i.e. P.O. Box): _____

Telephone: _____ Email: _____

Cell Phone: _____

Deposit Paid (\$75.00 for electric and/or \$75.00 for water) ____ Yes ____ No

Letter of Credit ____ Yes ____ No

Do you wish to sign up for automatic payment? ____ Yes ____ No (If yes, please ask for an automatic payment form to be completed before withdrawal begins.)

IF A RENTAL, PLEASE COMPLETE THE FOLLOWING:

Landlord/owner: _____

Mailing Address: _____

Phone #: _____

PLEASE READ:

I hereby agree I am moving into the location above on the said date. I am aware my utility bill includes my Electricity, Garbage, Water, Sewer, and any other charges deemed necessary by the Aplington City Council. I am also aware that my utility bill is due in full by the 20th of each month and if I do not pay by this date a 5% late fee will be applied. I am aware if my payment is 12 days late after the 20th my utilities may be disconnected until payment is made in full.

Signature: _____

WELCOME TO THE CITY OF APLINGTON!