

CITY OF LOWDEN
501 Main Street, P.O. Box 310, Lowden, IA. 52255

Ph. 563-941-7705
Fax. 563-941-5870

www.cityoflowden.org
Email: clerk@cityoflowden.org

Application for City Utilities (Water, Sewer, Garbage, Recycling)

NAME: FIRST _____ MIDDLE INITIAL _____ LAST _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____ EXP: _____

NEW SERVICE ADDRESS _____

Please be sure to include PO Box Number – if necessary

BILLING ADDRESS – WHERE UTILITY BILL SHOULD BE SENT TO: _____

HOME PHONE# _____ CELL# _____ WORK# _____

EMAIL ADDRESS: _____ @ _____ DATE OF MOVE IN: _____

ARE YOU PURCHASING THE PROPERTY? _____ YES _____ NO.

RENTING? LANDLORD NAME: _____ LANDLORD ADDRESS: _____

LANDLORD PHONE # _____

Do you require a blue recycling container at this residence? YES ___NO___. A fee of \$25.00 is required to obtain a recycle container.

A \$100 deposit is required by the City of Lowden at the time of service request. This deposit may be returned after 2 years if no delinquent payments are noted. We also offer an Auto Pay option. Please ask the City Clerk for an application form if you would like to enroll or more details.

I hereby apply for utility services for the service address listed above. I agree to pay all bills rendered by the City of Lowden for utility services received from the date of connection to the date services are disconnected. The Public Works Department shall have access to the City meter at all times as provided by Law. I FURTHER AGREE that my service may be disconnected when I am 5 days delinquent in payment of bill rendered. Late payments of utility bill(s) will incur a 10% penalty. Delinquent List Fee - \$25.00. Reconnection Fee - \$25.00. After Hours/Holiday: \$50.00.

Non-Discrimination Statement

“This institution is an equal opportunity provider, employer, and lender.”

Signed _____
Applicant Signature

Date