



Municipal Utilities Service Application

Water Deposit Required on All Rental Units

NEW ACCOUNT AND ADDRESS CHANGE

TODAY'S DATE: _____

NAME OF APPLICANT: _____
(FULL LEGAL NAME) FIRST MIDDLE LAST

FEDERAL TAX I.D # _____ - _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ DRIVERS LICENSE #: _____ STATE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if other than service address): _____

EMAIL : _____ **Enroll in E-Billing: Yes No**
PLEASE CIRCLE

CELL PH #: _____ HOME #: _____ WORK# _____

LIST SPOUSE &/OR CO-APPLICANT

NAME: _____ DATE OF BIRTH: ____/____/____
(FULL LEGAL NAME) FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVERS LIC # _____ ST _____

CELL PH #: _____ EMAIL: _____

IF APPLICABLE:

NAME OF LANDLORD: _____ PH #: _____

*LANDLORD WILL RECEIVE NOTICE OF DELINQUENT BILLS. BILLS ARE DELINQUENT WHEN NOT PAID BY THE 20TH OF EACH MONTH.

I HEREBY APPLY FOR UTILITY SERVICES FOR THE PREMISES LISTED ABOVE BEGINNING ON THE _____ DAY OF _____ 20____. PURSUANT TO THE RULES AND REGULATIONS OF THE CITY OF TIFFIN, IOWA, AND UNDER THE IOWA CODE SECTION 384.84(3) I AGREE TO PAY ALL BILLS RENDERED BY THE CITY OF TIFFIN UNTIL I GIVE NOTICE TO DISCONTINUE SAID UTILITY SERVICE. (WITHIN THE TEN DAY NOTICE OF CHANGE)

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

UTILITY CLERK SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

DEPOSIT REQUIRED: ____YES ____NO AMOUNT PAID: ____\$75.00 DATE PAID: _____
____CASH ____CHECK (# _____) ____CREDIT CARD ____MONEY ORDER (# _____)

UTILITY CLERK SIGNATURE: _____ DATE: _____

City of Tiffin - 300 Railroad St - PO Box 259 - Tiffin IA 52340
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