



Empty rectangular box

# Municipal Utilities Service Application

DO YOU:  RENT  OWN

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PH #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF APPLICABLE - Water Deposit Required on All Rental Units:**

NAME OF LANDLORD: \_\_\_\_\_ PH #: \_\_\_\_\_  
\*LANDLORD WILL RECEIVE NOTICE OF DELINQUENT BILLS. BILLS ARE DELINQUENT WHEN NOT PAID BY THE 20<sup>TH</sup> 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:** \_\_\_\_\_ RENTER – BILL DEPOSIT **DATE BILLED:** \_\_\_\_\_ **OWNER – NO DEPOSIT**

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

UTILITY CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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