



# Municipal Utilities Service Application

OWN  RENT

TODAY'S DATE: \_\_\_\_\_ SERVICE START DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if other than service address): \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
(FULL LEGAL NAME) FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FEDERAL TAX I.D # \_\_\_\_\_ - \_\_\_\_\_  
(BUSINESS ONLY)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ ENROLL IN E-BILLING: Yes No

CELL PH #: \_\_\_\_\_ WORK # \_\_\_\_\_ HOME #: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL PH# \_\_\_\_\_

### LIST SPOUSE &/OR CO-APPLICANT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FULL LEGAL NAME) FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PH #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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)

### **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.*

**FOR OFFICE USE ONLY: Acct #** \_\_\_\_\_

**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

12/18

PH: (319) 545-2572 FAX: (319) 545-4147