



Municipal Utilities Service Application

CIRCLE ONE: OWNER RENTER BUILDER

SERVICE START DATE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if other than service address): _____

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

SOCIAL SECURITY # OR FED TAX ID # _____ DATE OF BIRTH: ____/____/____

EMAIL: _____ ENROLL IN E-BILLING: **Yes** **No**

CELL PH #: _____ OTHER # _____

EMERGENCY CONTACT: _____ PH #: _____

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT NAME: _____
(FULL LEGAL NAME) FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER #: _____ DATE OF BIRTH: ____/____/____

EMAIL: _____

CELL PH #: _____

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)

LANDLORD: _____ PH #: _____

RENTAL DEPOSITS ARE REQUIRED ON ALL RENTAL UNITS. DEPOSITS WILL BE ON FIRST BILL. LANDLORD WILL RECEIVE NOTICE OF DELINQUENT BILLS. BILLS ARE DELINQUENT WHEN NOT PAID BY THE 20TH OF EACH MONTH.

FOR OFFICE USE ONLY:

Acct # _____ RENTER – DEPOSIT REQUIRED OWNER – NO DEPOSIT

UTILITY CLERK SIGNATURE: _____ DATE: _____

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