



Municipal Utilities Service Application

CIRCLE ONE: OWNER RENTER BUILDER

SERVICE START DATE: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if other than service address): _____

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

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

CELL PH #: _____ OTHER # _____

EMERGENCY CONTACT: _____ PH #: _____

EMAIL: _____ ENROLL IN E-BILLING: Yes No
(CIRCLE ONE)

(OPTIONAL)

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

SOCIAL SECURITY NUMBER #: _____ DATE OF BIRTH: ____/____/____
(REQUIRED)

EMAIL: _____ CELL PH #: _____

INITIAL & SIGN:

I UNDERSTAND THAT 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)

I UNDERSTAND THAT BILLS ARE DELINQUENT WHEN NOT PAID BY THE 20TH OF EACH MONTH.

I UNDERSTAND THAT IF MOVING FROM ONE TIFFIN SERVICE ADDRESS TO ANOTHER TIFFIN SERVICE ADDRESS, MY PREVIOUS ACCOUNTS BALANCE MUST BE MADE CURRENT BEFORE UTILITIES WILL BE PUT IN NAME FOR NEW SERVICE ADDRESS.

(FOR RENTERS ONLY) I UNDERSTAND RENTAL DEPOSITS ARE REQUIRED ON ALL RENTAL UNITS. DEPOSITS WILL BE ON FIRST BILL AND ARE NOT TRANSFERABLE.

(FOR RENTERS ONLY) I UNDERSTAND THAT I AM RESPONSIBLE FOR UTILITY SERVICES UNTIL THE LAST DAY OF MY LEASE.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:
ACCOUNT # _____ RENTER-DEPOSIT REQUIRED _____ OWNER-NO DEPOSIT _____
UTILITY CLERK SIGNATURE: _____ DATE: _____