



Municipal Utilities Service Application

CIRCLE ONE: OWNER RENTER BUILDER

CLOSING DATE or FIRST DAY OF LEASE: _____

SERVICE ADDRESS: _____

NAME OF APPLICANT: _____
FIRST LAST

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

CONTACT #: _____ EMAIL: _____

EMERGENCY CONTACT: (NAME & #): _____

(OPTIONAL)
CO-APPLICANT NAME: _____
FIRST LAST

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

CONTACT #: _____ EMAIL: _____

How would you like to receive your bill monthly? (Choose one):

_____ BY MAIL (provide PO box or billing address if applicable) _____

_____ BY EMAIL (if different than applicants, please fill in: _____

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: _____