



300 RAILROAD ST  
PO BOX 259  
TIFFIN IA 52340  
#319-545-2572

**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 & #):** \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_  
(OPTIONAL) FIRST LAST

**SOCIAL SECURITY NUMBER #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(REQUIRED)

**CONTACT #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**How would you like to receive your bill monthly? (Choose only one):**  
\_\_\_\_\_ **BY MAIL (provide PO box or billing address if applicable)** \_\_\_\_\_  
\_\_\_\_\_ **BY EMAIL (if different than applicants, please fill in:** \_\_\_\_\_

**Would you like to receive the City of Tiffin newsletter, "Inside Tiffin" to your email once a month? YES NO**

**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 20<sup>TH</sup> 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.** DEPOSITS ARE NOT TRANSFERABLE. I UNDERSTAND THAT I AM RESPONSIBLE FOR UTILITY SERVICES UNTIL THE LAST DAY OF MY LEASE.

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

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

**Completed Application can be e-mailed to: [emeyer@tiffin-iowa.org](mailto:emeyer@tiffin-iowa.org)**

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