



# Utility Service Application

The City of West Burlington requires this form to be completed & a utility deposit of \*\$125.00 be paid before service is connected/transferred for **all** accounts. A photo ID is required at the time of application. Turning on service must be done M-F 7am-3pm. The customer is responsible for making sure all fixtures & private services lines are in proper condition before service is established. The city is not liable for damages caused leaks.

## DATE TO BEGIN SERVICE:

### Primary Applicant

Name	Phone	Tax ID or Social Security#	DOB <i>if applicable</i>
Property Address		Mailing Address <i>(if different)</i>	
Email Address		E-bill only <input type="checkbox"/> E-bill & paper bill <input type="checkbox"/> Paper bill only <input type="checkbox"/> *****please check <input checked="" type="checkbox"/> your preferred billing method *****	

### Co-Applicant (if applicable)

Co-Applicant Name	Phone	Co-Applicant Social Security#	Date of Birth
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### Property Status

<input type="checkbox"/> Own	<b>RENTALS</b> Landlord/Property Owner's Name: _____
<input type="checkbox"/> Rent	For rentals <b>owners/landlords</b> : Do you have a rental permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RENTERS:</b> Attach a letter/lease granting permission to use the property along with property owners name & contact information <small>* For rental properties: Section 92.07 of the Code of Ordinances of the City of West Burlington, Iowa</small>	
<input type="checkbox"/> <b>BUSINESS</b>	
-Do you have a Business License in W. B.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-Have you completed an Emergency Contact Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Security of Sensitive Information

We understand it is critical for The City of West Burlington to take steps to maintain the security of personal information received from our citizens in confidence. Safeguarding personally identifiable information that we collect is important to us. We use policies and procedures to protect sensitive information from loss, misuse or alteration. We regard your privacy as important and all employees who have access and/or disclosure of this information are obligated to comply with the Identity Theft Prevention Program pursuant to the Federal Trade Commission's Red Flags Rule, which implements Section 114 of the Fair and Accurate Credit Transactions Act of 2003. Such sensitive personal information will be kept in a secured location with limited access. Section 6311 of Title 5, United States Code, authorizes collection of this information. This information is used by the water department in identifying and verifying the applicant as the person applying for services and in the manner of collecting debt. Furnishing the information on this application, including your Social Security Number, is voluntary, but failure to do so may result in a denial of your request.

### THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE RULES & REGULATIONS OF THE CITY OF WEST BURLINGTON

Signature: \_\_\_\_\_ Co-Applicant's Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

If you are moving, you must contact City Hall to avoid additional charges. At this time the forwarding address will be necessary.

## CITY OF WEST BURLINGTON

122 Broadway St. West Burlington, IA. 52655  
Phone 319-752-5451 Fax 319-752-8425 [www.westburlington.org](http://www.westburlington.org)

### SERVICE TRANSFER REQUEST:

Current Account Holder (printed) Name, Phone & Signature: \_\_\_\_\_

Current Account Holder's Authorization to take over account & deposit: ☐ (please X box) Date: \_\_\_\_\_

If necessary, type of document(s) providing proof of legal authorization: \_\_\_\_\_