

Utility Billing Service Application

122 Broadway Street | West Burlington, IA 52655 | (319)752-545 | www.westburlingtoniowa.gov



The City of West Burlington requires the completion of this form, payment of deposit, and all noted documentation prior to establishing any service connection or account transfers. Connecting water service must be done Monday through Friday, 7:00 a.m. to 3:00 p.m. The customer is responsible for ensuring that all fixtures and private service lines are in proper condition before service is established. The city is not liable for damage caused by leaks. It is the account holder's responsibility to inform the city of any changes to their service status.

RESIDENTIAL CUSTOMERS: \$125 Deposit (cash or check only), plus photo ID. Renters must provide lease or letter granting permission to reside at property.
COMMERCIAL/BUSINESS CUSTOMERS: Deposit amount shall be equivalent to one month of billed service. Contact City Hall for amount required.

APPLICANT INFORMATION		Date of Service: MMDDYYYY	
Customer/Business Name:		Tax ID or Social Security Number (Required):	
Property Address:		Mailing Address (If different than physical address):	
Phone Number:		Email Address:	
Co-Applicant Name:		Phone Number:	Social Security Number (Required):

DELIVERY METHOD		
Please select your preferred method to receive your monthly bill:		
E-Bill Only <input type="checkbox"/>	E-Bill & Paper Bill <input type="checkbox"/>	Paper Bill Only <input type="checkbox"/>

PROPERTY STATUS	
I am the Property Owner <input type="checkbox"/>	I am a Tenant at the Property <input type="checkbox"/>
Property Owner - This property is intended to be a Rental. <input type="checkbox"/> Yes Do you have a Rental Permit in West Burlington? <input type="checkbox"/> Yes	Tenants - Please attach a letter or your lease that grants permission for you to live at the property. Applications will not be approved without authorization documentation. <i>*Section 92.07 of the Code of Ordinances of the City of West Burlington, IA</i>

BUSINESSES		
Do you have a Business License in West Burlington?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed an Emergency Contact Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Undersigned Hereby Agrees to Comply with The City of West Burlington's Rules & Regulations

Signature:	Co-Applicant's Signature:	Date:
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Security of Sensitive Information –
The City of West Burlington prioritizes the security of personal information from our citizens. We have policies in place to protect sensitive data from loss, misuse, or unauthorized alteration. Employees must comply with the Identity Theft Prevention Program, as mandated by the Federal Trade Commission's Red Flags Rule. Sensitive information is stored securely with limited access. Section 6311 of Title 5, United States Code, authorizes its collection. The water department uses this information to verify applicants and manage debt collection. Providing your Social Security Number is voluntary but may be required for service requests.

SERVICE TRANSFER REQUEST*	<i>*Not applicable for most new account holders</i>
Current Account Holder (printed) Name, Phone & Signature if applicable:	
Current Account Holder's Authorization to take over account & deposit if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
If a current account holder is unavailable, provide document(s) that permit legal authorization of occupancy (document type):	