



# Utility Service Application

The City of West Burlington requires this form to be completed and a utility deposit of \$125.00 be paid before service is connected for new utility customers. A photo ID is required at the time of application

**DATE TO BEGIN SERVICE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Primary Applicant

Name _____		Phone _____		Social Security# _____		Date of Birth _____	
Property Address _____				Mailing Address (if different) _____			
Employer _____				Employer Phone # _____			
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 _____	
Co- Applicant Employer _____				Employer Phone # _____			

## Property Status

<input type="checkbox"/> Own	For rentals owners/landlords: Do you have a rental permit?		
<input type="checkbox"/> Rent	_____		
Landlords Name: _____			
<b>RENTERS:</b> Attach a letter/lease granting permissions 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"/> Business			
-Do you have a Business License in W. B.?	Yes	No	
-Have you completed an Emergency Contact Form?	Yes	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)

Office Use:	Deposit Paid: _____	ID: _____	Int: _____
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