

Date of Occupancy Commencement

Council Bluffs Water Works 2000 North 25th Street P. O. Box 309 Council Bluffs, IA 51502

Rental Property Form

Recognizing that as a landlord, you have unique customer needs, the Council Bluffs Water Works is providing this form to assist you in better managing your properties and protecting your interests. Landlords are encouraged to complete this form for each property that you own or manage. If this form is not completed in it's entirely the lien exemption will be null and void. You may also obtain hard copies of the form by contacting the Council Bluffs Water Works at (712) 328-1006 or downloading the form from our website at **cbwaterworks.com**. The form must be legible. Tenants are required to sign up and make a deposit in person at the Water Works office.

<u>Landlord Information</u>	
Landlord Name	Landlord Phone Number
Landlord Mailing Address	Landlord Address 2
Landlord City/State/Zip	Landlord Email
Service Information	
Service Address (residential rental property)	Account Number
City/State/Zip	
identified above, that such property is occupied or is about the tenant is liable for the rates or charges. The undersign water and sewer service to such property in accordance to Council Bluffs Water Works must receive a new written	ord of the separately metered, residential rental property out to be occupied by the tenant identified below, and that ned requests an exemption from the possibility of a lien for with sections 384.84(4) (d), and (4) (e) Code of Iowa. The a notice within thirty business days if there is a change in new written notice within thirty business days if there is a ces will nullify water and sewer lien exemption.
Yes No	
Tenant Information	
Tenant Name	Second Name

Tenant Phone Number

Request for Notice
Pursuant to section 384.84(3) (c), Code of Iowa, the undersigned hereby represents that he or she is the owner of
record on the residential rental property identified above, and hereby requests that he or she be given notice to the
mailing address indicated above of any delinquent utility charges.
Yes No
Request for Change of Name
Pursuant to section 384.84(3) (c), Code of Iowa, the undersigned hereby represents that he or she is the owner of
record on the property identified above, and hereby requests that he or she be given notice to the mailing address
indicated above of any change of name of the account holder.
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Yes No
Change of Account
As the owner of the listed property above, I authorize the water service to be automatically put into my name upon
the request for a final billing from the then existing tenant. I understand that I will <u>not</u> be notified when this change
takes place. Owner will notify Council Bluffs Water Works, in writing, if this document is to be permanently
canceled.
Yes No
(One copy of form is to be retained by the Council Bluffs Water Works and one copy is to be returned to the landlord.)
Mail back to landlord at the mailing address indicated above.
Email back to landlord at the email address indicated above.
Hand back form to tenant to return form to landlord.
Signature of Landlord Date
Signature of Landior d
Print Name
For Water Works Office Use Only
For water works office use only
A deposit in the amount of \$ has been paid.
Receipt of this notice and deposit are hereby acknowledged by:
Received by: Council Bluffs Water Works
(Print Name)

Date Received: