



407 Lynn Street – Tipton, IA 52772
Phone: (563) 886-6187 Fax: (563) 886-2759

ACCOUNT NAME: _____

ACCOUNT #: _____

City of Tipton Municipal Utilities - Contract for Utilities Service

407 Lynn St, Tipton, IA 52772 563-886-6187

Check one: _____ OWNER _____ RENTER _____ LANDLORD

This agreement is made and entered into on _____ by and between Tipton Municipal Utilities, acting on behalf of the City of Tipton, hereinafter called the Utility and _____ of Tipton, Cedar County Iowa, hereinafter called Consumer.
WITNESSETH:

1. That the Utility agrees to furnish the Consumer and the Consumer agrees to purchase from the Utility, water, electric and gas service for _____ Tipton, Iowa, beginning _____.
2. That the Consumer agrees to pay for said services as bills are rendered therefor in accordance with the rates, rules and regulations of the Utility in effect at the time of delivery. Said rates, rules and regulations are by this reference made a part thereof.
3. That the Utility acknowledges receipt from the Consumer Deposit & Registration Fee as receipt to secure the faithful performance of this contract by the Consumer and the payment of any other claim against the Consumer now owned or hereafter acquired by the Utility, upon the expiration of this contract in accordance with the above rules, the Utility agrees to (return said contract bond, without interest, provided all sums due the Utility from the Consumer under this contract or under any such claims are paid in full; if such sums are not paid, the Utility shall proceed against the bond.)

1. **Name:** _____ **Social Security/Fed Tax ID # :** _____ **Date of Birth:** _____
TELEPHONE: _____ **EMAIL:** _____

2. **Name:** _____ **Social Security/Fed Tax ID:** _____ **Date of Birth:** _____
TELEPHONE: _____ **EMAIL:** _____

BILLING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

EMPLOYER: _____ **ADDRESS:** _____

INITIAL & SIGN:

_____ I UNDERSTAND THAT PURSUANT TO THE RULES AND REGULATIONS OF THE CITY OF TIPTON, IOWA, AND UNDER THE IOWA CODE SECTION 384.84(3) I AGREE TO PAY ALL BILLS RENDERED BY THE CITY OF TIPTON 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 SCHEDULED DUE DATE.

_____ I UNDERSTAND THAT IF MOVING FROM ONE TIPTON SERVICE ADDRESS TO ANOTHER TIPTON SERVICE ADDRESS, MY PREVIOUS ACCOUNTS BALANCE MUST BE MADE CURRENT BEFORE UTILITIES WILL BE PUT IN NAME FOR NEW SERVICE ADDRESS.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

Completed Application can be e-mailed to: dbixler@tiptoniowa.org and/or cdoermann@tiptoniowa.org

FOR OFFICE USE ONLY:

DEPOSIT REQUIRED: _____ NO DEPOSIT: _____ REGISTRATION FEE: _____

UB CLERK SIGNATURE: _____ DATE: _____