



Please check the appropriate box(es):

**WATER LIEN EXEMPTION**

The undersigned represents that he or she is the landlord of the separately metered, residential, rental property identified below and that such property is occupied or is about to be occupied by the tenant identified below and the tenant is liable for the rates or charges. The undersigned requests an exemption from the possibility of a lien for water service to such property in accordance with Iowa Code section 384.84 (3).(d.). A change in tenant shall require a new written notice be given to the Hiawatha Water Department within thirty business days of the change in tenant and a change in ownership shall require written notice be given to the Hiawatha Water Department within thirty business days of the completion of the change of ownership.

**DISCONTINUATION OF SERVICE NOTIFICATION**

Pursuant to Iowa Code Sections 384.84 (2).(c.) and 384.84 (3).(c.), the undersigned represents that he or she is the owner or landlord of the property identified below, and hereby requests that he or she be given notice to the mailing address listed below of any written Discontinuation of Service Notice.

**CHANGE OF ACCOUNT**

As the owner of the property listed below, I authorize the utility services to be automatically placed into my name upon the request for a final billing from the then existing tenant. I understand that I will **not** be notified when this change takes place and a service charge will be applied to my first bill. If the tenant's service is discontinued for non-payment, the account will **not** automatically be placed in my name. If I as owner of the property request a final billing or if my account is delinquent, this Change Of Account authorization may be discontinued without notice. I will notify the Hiawatha Water Department, in writing, if this Change Of Account is to be permanently canceled and I am responsible for the charges for services for the Change of Account authorization through the date the written notice is received.

**LANDLORD INFORMATION: (PLEASE PRINT)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**TENANT INFORMATION: (PLEASE PRINT)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Second Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
**Service Address** \_\_\_\_\_ **Unit** \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Occupancy \_\_\_\_\_

Signature of Landlord \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Mail to: Hiawatha Water Department, PO BOX 485, Hiawatha, IA 52233  
Or  
Fax to: 319-393-1516