

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. 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**

Landlord Information	
Landlord Name	Landlord Phone Number
Landlord Mailing Address	Landlord Address
Landlord City/State/Zip	Account Number
Service Information	
Service Address (Residential Rental Property)	Account Number
City/State/Zip	
	*** A deposit amount of \$ has been paid.
	Receipt of this notice and deposit are hereby acknowledged by:
	Received By: Council Bluffs Water Works
Water and Sewer Lien Exemption Request	Date Received:
	Indlord of the separately metered, residential rental property

identified above, that such property is occupied or is about to be occupied by the tenant identified below, and that the tenant is liable for the rates or charges. The undersigned requests an exemption from the possibility of a lien for water and sewer service to such property in accordance with sections 384.84(4) (d), and (4) (e) Code of Iowa. The Council Bluffs Water Works must receive **a new written notice within thirty business days** if there is a change in the tenant. Council Bluffs Water Works must receive **a new written notice within thirty business days** if there is a change in the tenant. Failure to provide said written notices will nullify water and sewer lien exemption.

Yes____

Tenant Information

No

Tenant Name

Second Name

Date of Occupancy Commencement	Tenant Phone Number
Request for Notice	
	va, the undersigned hereby represents that he or she is the perty identified above, and hereby requests that he or she be above of any delinquent utility charges.
Yes No	
Request for Change of Name	
	he undersigned hereby represents that he or she is the owner of by requests that he or she be given notice to the mailing address count holder.
Yes No	
Signature of Landlord	Date
Print Name	
****One copy of this form is to be retained by th to the landlord.	he Council Bluffs Water Works and one copy is to be returned
Indicate which option you'd	prefer by circling the number:

- 1. Mail back to landlord at the mailing address indicated above
- 2. Email back to landlord at _____
- 3. Hand the form back to the tenant to return to the landlord