



**LIEN EXEMPTION
REQUEST FOR NOTICE OF DELINQUENT BILL OWNER'S CHANGE OF ACCOUNT**

Please check the appropriate box(es). If form is not completed, it will be returned.

LIEN EXEMPTION

- ☐ The undersigned represents that they are the landlord of the separately metered, residential or commercial, rental property identified below, and that such property is occupied or is about to be occupied by the tenant identified below. Furthermore, the undersigned represents that the tenant is not a contract buyer. The undersigned requests an exemption on a residential property from the possibility of a lien for water, sewer, solid waste, and storm water services or on a commercial property from the possibility of a lien for water services only to such property in accordance with section 384.84, Code of Iowa. **For residential property a new written notice must be received within thirty business days of a change in occupancy or a change in ownership. For commercial property a new written notice must be received within ten business days of a new tenant or a change in ownership.**

REQUEST FOR NOTICE TO OWNER

- ☐ Pursuant to sections 384.84(2)(c) and 384.84(3)(c), Code of Iowa as amended, the undersigned hereby represents that they are the owner of record on the property identified below, and hereby requests that they are given notice to the e-mail address indicated below of any delinquent utility charges.

CHANGE OF ACCOUNT (OWNER RESPONSIBLE)

- ☐ As the owner of the listed property below, the undersigned acknowledges utility services will be automatically put into their name upon the request for a final billing from the existing tenant. Owners will be notified by e-mail when this change takes place. It is the owner's responsibility to ensure the City has a valid e-mail address on file.

SERVICE ADDRESS

(PLEASE PRINT)

LANDLORD INFORMATION: REQUIRED FOR ALL SELECTIONS

Name _____

Landlord Mailing Address _____
Address City/State/Zip Code

Phone Number _____ Landlord Email _____

TENANT INFORMATION: REQUIRED FOR LIEN EXEMPTION ONLY

(PLEASE PRINT)

Name _____ Date of Occupancy _____

Second _____ Phone Number _____

Signature of Landlord _____ Date _____