

Account # _____
(for office use only)



Property Owner Utility Lien Exemption Request

Service Address _____

Tenant Name(s) _____	
Date of Occupancy _____	Tenant Phone Number _____

The undersigned represents that he or she is the landlord of the separately metered, residential or commercial, rental property identified above, and that such property is occupied or is about to be occupied by the tenant identified. The tenant will be liable for the rates or charges to the service address. The undersigned requests an exemption from the possibility of a lien on the real estate identified as the service address for water, sewer and landfill service to such property in accordance with Section 384.84(4)(d) of the Code of Iowa. Marshalltown Water Works must receive a new written notice within 30 business days for residential and 10 business days for commercial if there is a change in occupancy or if there is a change in ownership. Failure to provide the new notice may result in a lien for water, sewer and landfill service on the real estate identified as the service address.

Landlord Printed Name _____ Phone/Cell Number _____

Landlord Mailing Address _____
Street or PO Box Number City State ZIP

E-mail _____

Date _____ Signed _____

205 E. STATE ST. • P.O. BOX 1420 • MARSHALLTOWN, IA 50158 • PHONE (641) 753-7913 • FAX (641) 753-7347
www.marshalltownwater.com

7/1/13

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