

# C I T Y O F D E C O R A H

P.O. Box 138  
400 Claiborne Dr.  
Decorah, Iowa  
52101

Phone  
(563) 382-3651  
Fax  
(563) 382-6525

## Welcome To The City of Decorah!

To better serve our new customers, information is being provided below concerning water and sewer utility bills.

### BILLING CYCLE:

Water, sewer, and storm water charges are based on consumption (per City Code Chapter 13.20.020) and billed to Decorah residents on a quarterly basis. Invoices are sent on the 1<sup>st</sup> of the month and are due by the 1<sup>st</sup> of the following month.

### PAYMENT OPTIONS:

Payment options include cash, check, money order, automatic debit, or “Bill Pay” through your financial institution. Payment can be made at the Clerk’s office weekdays between the hours of 8 a.m. and 5 p.m. A drop box is offered at the front entrance of the Municipal Center to accommodate weekend and after hour payments. Payment can also be mailed to the Clerk’s Office at PO Box 138, Decorah IA 52101.

### LATE PAYMENTS:

Payments received after the due date will automatically be charged a ten percent (10%) late fee. If any bills remain unpaid ten (10) days following the due date, water will be shut off until full payment is received. The customer will be assessed additional fees for the twenty-four (24) hour shut-off notice delivered.

### WATER-ONLY METERS:

Customers can buy a separate meter for outside watering purposes from the Decorah Water Department. The cost of the meter is \$215 (subject to change) and must be plumbed separately. These meters are read annually and billed during the winter months.

### OTHER UTILITY CONTACTS:

Electric	Alliant Energy Customer Service 1-800-255-4268
Gas	Black Hills Energy Customer Service 1-888-890-5554
Garbage	Malcom Enterprises Phone 563-382-4497
Recycling	Winneshiek County Recycling Phone 563-382-6514

CITY OF DECORAH				PREVIOUS BALANCE	RETURN SERVICE REQUESTED	PRE-SORTED FIRST CLASS MAIL US POSTAGE PAID DECORAH IA PERMIT NO. 172
FROM	TO	BILLING DATE	PREVIOUS BALANCE	AMOUNT	ACCOUNT NUMBER	DUE DATE
2/15/17	5/15/17	6/1/17	0.00		00-000000-00	7/1/17
RESOURCES	USED	CODE	AMOUNT	AMOUNT DUE AFTER DUE DATE	TAX	PD BY DRAFT
45850	46240	390	WA 20.69 SE 31.88 SW 9.00		1.45	
					PENALTY	63.02
LOCATION: YOUR ADDRESS				PLEASE RETURN BOTTOM STUB WITH PAYMENT SEE REVERSE SIDE FOR CODE EXPLANATION		
ACCOUNT NUMBER: 00-00000-0				JOHN DOE YOUR ADDRESS		
DUE DATE: 7/1/17				<b>SAMPLE INVOICE</b>		
AMOUNT DUE AFTER DUE DATE				63.02		
PD BY DRAFT						
PREVIOUS BALANCE				63.02		

Feel free to contact us with any additional questions you may have. Thank you!



*City of Decorah*  
**APPLICATION FOR WATER & SEWER SERVICE**

[PLEASE PRINT INFORMATION]

DATE TO START SERVICE OR DATE OF CLOSING (as applicable): \_\_\_\_\_

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_  
*(Person responsible for service payment – must be 18 years of age or older)*

SOCIAL SECURITY NUMBER/FEIN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHOTO ID PROVIDED: \_\_\_ Yes \_\_\_ No

PHONE/CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CO –APPLICANT'S NAME: \_\_\_\_\_  
*(Other person responsible for service payment)*

SOCIAL SECURITY NUMBER/FEIN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHOTO ID PROVIDED: \_\_\_ Yes \_\_\_ No

PHONE/CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECTION II – SERVICE INFORMATION**

SERVICE ADDRESS: \_\_\_\_\_  
*Street Address City, State & Zip*

\_\_\_ OWN (Skip to SECTION IV) \_\_\_ RENT (Complete SECTION III)

BILLING ADDRESS: \_\_\_\_\_  
*(If different from Service Address)*

**SECTION III – OWNER INFORMATION**

OWNER OF PROPERTY: \_\_\_\_\_ OWNER PHONE/CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street Address City, State & Zip*

**SECTION IV – CREDIT REFERENCE**

*[Service may be denied based on payment history]*

FORMER ADDRESS: \_\_\_\_\_

CURRENT EMPLOYER & ADDRESS: \_\_\_\_\_

PREVIOUS UTILITY COMPANY & ADDRESS \_\_\_\_\_

**SECTION V – CUSTOMER AGREEMENT**

By my signature below, I hereby request water and sewer service from the City of Decorah. I understand sewer use and storm water charges, as applicable and as established in Chapter 13 of the Code of Ordinances, will appear on the same billing as the water usage charges. In requesting utility service, I accept full responsibility for any charges, fees, penalties, or other obligations incurred while in my name. I understand that failure to receive a bill does not release me from payment obligations. I warrant that the information furnished for the purpose of obtaining utility service to be true and accurate to the best of my knowledge.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE *(when applicable)*: \_\_\_\_\_ DATE: \_\_\_\_\_

***Information contained herein is confidential and is not public record.  
Request for changes for this account will only be given to person(s) listed on this application.***