

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. Please complete the enclosed Water Service Application. You may email the completed form to dhagensick@decorah.iowa.gov or you may complete this at our office at 400 Claiborne Drive.

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 1st of the month and are due by the 1st of the following month.

PAYMENT OPTIONS:

Payment options include cash, check, money order, automatic debit, "Bill Pay" through your financial institution, or by visiting our website (decorahia.org) to make a credit card payment. Credit card payments are also accepted in person at the City Clerk's Office, card fees apply. Payment can be made at the Clerk's office weekdays between 7:30 a.m. and 4:00 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. **There will be a \$35.00 charge for any payment returned to any of the City of Decorah Departments.**

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 \$350 (subject to change) and must be plumbed separately and sewer charges will not apply. These meters are read and billed quarterly.

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

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

05.2017
09.2020
04.2023



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.***