



1609 State Street • Bettendorf, Iowa 52722-4937 • (563) 344-4000

**Landlords are hereby advised that in order to qualify for lien exemption, they must have a current rental license on the property.**

**Upon receipt of the completed form and attachments, the City shall no longer lien the property owner for unpaid utility charges pursuant State Law. In order to provide safe housing, the City will schedule a rental inspection of the property for \$50 which may be waived if there are no violations of the code or are minor and quickly repaired. And at such time shall mail the Tenant with notice that a deposit of \$100 will be required.**

**If the deposit is not paid within 10 business days, City services may be discontinued to the property without further notice to the Landlord, and the rental license will be suspended for the property. Landlord is not relieved from providing safe, sanitary living conditions for all tenants. Cessation of City services may result in placarding the premises as unfit for human habitation.**

**Pursuant Sec. 3. Section 384.84, subsection 4, Code Supplement 2011, Landlords need to complete a new “Notification of Tenant Responsibility” each time a new tenant will occupy the premises. A new deposit of \$100 will also be required.**

**Thank you.**

**City of Bettendorf**

**NOTIFICATION OF TENANT RESPONSIBILITY  
CITY OF BETTENDORF UTILITY CHARGES**

Date of notification: \_\_\_\_\_

Address of rental property: \_\_\_\_\_

Current rental license #: \_\_\_\_\_

**Please attach copy of lease agreement**

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord City-State-Zip: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ or \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Tenant #1: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Tenant #2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please add additional pages, if necessary, for more tenants.

Date Tenancy begins: \_\_\_\_\_

Return completed form to Finance Department, 1609 State St., Bettendorf, IA 52722.  
Landlord protection from lien will begin when the completed form and all attachments  
are received and reviewed by the Finance Department.

Reviewed by Finance Department/All required documents received. \_\_\_\_\_



1609 State Street • Bettendorf, Iowa 52722-4937 • 563-344-4000

### TENANT NOTIFICATION

**Your landlord has provided notice to us that YOU are responsible for payment of all quarterly city charges for the unit that you are renting. This includes any combination of sewer, garbage and storm water fees. You are required to provide the city with a \$100.00 deposit on your account.**

Payment of the \$100 must be made within the next 10 business days. Failure to make the deposit payment and the future quarterly billings may result in collections, wage garnishments, negative credit reporting, City services being discontinued and suspension of the rental license on the property.

Upon the end of your rental of the above property, and the payment of all charges owing, you may request the deposit be returned to you by contacting the Finance Department, City Hall, 1609 State St., Bettendorf, IA 52722. 563 344 4000.

Funds will be returned to you within 30 days after all charges owing on the rental unit as of the day you leave the property are paid.

Property Address: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Tenant Notification Date: \_\_\_\_\_ By \_\_\_\_\_

\$100 deposit required within 10 business days. Due no later than: \_\_\_\_\_

Please make your check payable to: City of Bettendorf  
Utility Deposit  
1609 State Street  
Bettendorf, IA 52722



1609 State Street • Bettendorf, Iowa 52722-4937 • 563-344-4000

Security Deposit  
City Enterprise/Utility  
Receipt

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Amount received: \_\_\_\_\_

Date Received: \_\_\_\_\_

Upon the end of your rental of the above property and payment of final bill, you may request the deposit be returned to you by contacting the Finance Department, City Hall, 1609 State St., Bettendorf, IA 52722. 563 344 4000.

Funds will be returned to you within 30 days after all charges owing on the rental unit as of the day you leave the property are paid.

You will need to leave a forwarding address with the City Finance Department, so that payment can be sent. Please email forwarding address to [vfall@bettendorf.org](mailto:vfall@bettendorf.org) or call 563-344-4003.

Thank you.