

City of Fruitland

104 Sand Run Road, PO Box 97
Fruitland, IA 52749
563-264-1748
cityoffruitland@fruitlandia.gov
www.fruitlandia.com

Resident Contact Information:

I, the undersigned, hereby certify that I am the occupant of a residence located in the City of Fruitland.

I am (check one)

A. the owner of the property.

B. the tenant of the property.

If a tenant, name of the property owner: _____

If a tenant, address of the property owner: _____

I also certify that I will notify The City of Fruitland at least 10 days prior to moving from this residence.

I hereby accept the terms and conditions stated above.

Customer Name*: _____

Address*: _____

DOB: _____ SSN #: _____ Phone #*: _____

Customer Name*: _____

DOB: _____ SSN #: _____ Phone #*: _____

*Required

DOB/SSN# IS OPTIONAL

Signature: _____ Date: _____

City Staff: _____ Date: _____