

APPLICATION FOR UTILITY SERVICES

Complete and print the form, sign and date, and then mail or drop off at City Hall for processing.

208 NW 1st Avenue Faribault, MN 55021 507-334-2222

APPLICANT SIGNATURE

Photo ID Is Required With This Application

OWNER OCCUPIED		
Customer Name(s):		
Service Address:		
Mailing Address if different from Service A	ddress:	
City:	State:	Zip:
Phone*:	Closing Date:	
RENTER/TENANT OCCUPIED (A copy of your le	ease is required with thi	s application)
Customer Name(s):		
Service Address:	_	
Mailing Address if different from Service A	ddress:	
City:	State:	Zip:
If renter/tenant has an unpaid balance owed to the Cit being connected at the new address. Failure to satisfy a		
Property Owner Name(s):		
Property Owner Mailing Address:	_	
Phone*:	S	ervice Start Date:
*Phone numbers are optional. By submitting a phone at your home or in your neighborhood. Any of the abe disclosed if an outside source requests it.	e number, the City can notif	y you quickly in case of an emergency or problem
SE	ERVICE REQUIREMENTS	
I/We hereby apply for utilities and services at t City of Faribault and agree to pay for same at unpaid utility bills in the applicant's name at service will be established. I/We hereby conf	the approved rates. I/Wany previous residence	e understand that any and all outstanding in the City must be paid in full before new
I understand that failure to make monthly utility service is disconnected, the total deli City Council in the fee schedule) will be rec forms of payment will be cash, cashier's che delinquent account have been exhausted, all agency, MN Revenue Recapture Program, leg	nquent amount owed pquired to resume service ck, or money order. What ternative collection met	plus a reconnection fee (as established by e. At the time of reconnection the ONLY nen all administrative efforts to collect the hods will also be used, including collection

DATE