

# Water/Sewer Account Application

Effective Date: \_\_\_\_\_

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

Mailing Address: PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Main Heat Source: \_\_\_\_\_ # Occupants in the home: \_\_\_\_\_

Are you a registered owner of the property?  Yes  No If no, please complete owner information below

Land Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

**\$50 Deposits are required on all accounts**

- Deposit Required, returnable after one year
- Deposit Waived, Customer Agrees to Automatic ePay

**Automatic ePay**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Note: Account will be paid in full on approximately the 13th of every month.

**Automatic ePay Billing Options:**

- Paper Statements
- Electronic Statements email Address: \_\_\_\_\_
- Both Electronic and Paper Statements

**Identification must be provided upon request**

Type of ID \_\_\_\_\_ ID# \_\_\_\_\_ Exp. \_\_\_\_\_

**Disclaimer and Signature**

- ◆ I understand that to have water/sewer service with the city, a returnable deposit of \$50 is due.
- ◆ I understand that payment of water/sewer service is required in full monthly. If my account is past due, I understand my account will be charged a monthly \$15 late fee.
- ◆ I understand that my service may be disconnected for non-payment of services.
- ◆ I understand that if my water/sewer service is disconnected due to non-payment, I agree to pay my balance in full, \$40 disconnect fee, and a \$40 reconnect fee to regain service.
- ◆ Past due balances may be certified to the St. Louis County Auditor for collection with real estate taxed in the following year in accordance with the city ordinance. This certification will be made regardless of who applied for water/sewer services, whether owner, tenant or other person. These charges are filed against the property.
- ◆ As an alternative, past due balances may be sent to revenue recapture, allowing the city to place a lien on the account holder's MN State tax return.
- ◆ If I vacate the property, I agree to supply the City Administrator's Office with my forwarding address and the final payment within 30 days of the last bill.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Data Record**

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program . You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Check one:             Male             Female

Check one of the following race/ethnic group:

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (Including Central America), and who maintains tribal affiliation of community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southwest Asisa, or the Indian Subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Hispanic or Latino (all races)** - A person of the Mexican, Peurto Rican, Cuban, Central or Soluth

**For office use only - to be completed by staff**

**Parcel Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

- Changeover in BDS
- Deposit Recorded
- Requested Final Reading
- Account will be prorated

Describe: \_\_\_\_\_