



Water/Sewer Application

Effective Date: _____

Property Address

Registered Property

Owner Name

Mailing Address

PO Box

City, State, Zip

Applicant Information

Applicant Name

Mailing Address

PO Box

City, State, Zip

Phone Number

Social Security Number

Driver's License Number

Number of occupants in the home

Main Heat Source

Is the property contract for deed? Yes No

Are you a registered property owner? Yes No

Picture Identification Required with Application

Type of ID: _____ ID Number: _____ Exp Date: _____

\$50 Deposit Required

\$50 Deposit Enclosed. Returnable after one year of current payments.

\$50 Deposit Waived if registered for automatic payments.

eBilling Options: Paper Statements Electronic Statements Both Electronic and Paper Statements

email Address: _____

Disclaimer and Signature

- I understand to have water/sewer service with the City of Floodwood, a returnable \$50 is due.
- I understand 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 my service may be disconnected for non-payment of services.
- I understand if my water/sewer service is disconnected due to non-payment, I agree to pay my balance in full, a \$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 another person. These past due balances are filed against the property.
- If I vacate the property, I agree to supply the City of Floodwood 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 based on visual observation or surname.

Check One: Male Female

Check one of the following race/ethnic groups:

- 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 or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian Subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine 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, Puerto Rican, Cuban, Central or South American or other Spanish culture.

FOR OFFICE USE ONLY

PID: _____

Account Number: _____

- Changeover in BDS
- Deposit Required
- Requested Final Reading
- Prorate Account Date: _____