



# Water/Sewer Application

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

## Applicant Information

Applicant Name \_\_\_\_\_

Physical Address \_\_\_\_\_ PO Box \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Number of occupants in the home \_\_\_\_\_ Main Heat Source \_\_\_\_\_

## 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.

Set up auto-payments at: [paymentservicenetwork.com](http://paymentservicenetwork.com)

### 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 deposit 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 past due 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 of 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: \_\_\_\_\_