



Utilities  
 205 West Center Street, Lake City, MN 55041  
 Phone 651-345-5383 / Fax 651-345-3208  
 www.ci.lake-city.mn.us

**APPLICATION FOR UTILITY BILLING SERVICE**

**Service Address Information**

ADDRESS	APT/LOT/UNIT#	SERVICE START DATE
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**Applicant Information**

Last Name	First Name	Last Name	First Name
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Current Address	Current Address
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Date of Birth	Phone Number	Date of Birth	Phone Number
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Social Security #	Email	Social Security #	Email
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**Mailing Address if Different from Service Address**

Is this service address a seasonal home?  YES  NO

**Do you want your bills mailed to an alternate address from the Service address?**  YES  NO

If **YES** Please provide alternate billing address: \_\_\_\_\_

**Owner/Renter/Landlord Information**

Do you OWN the property?  YES  NO

Are you RENTING the property?  YES  NO

If **YES**, provide Landlord name and address: \_\_\_\_\_

**Agreement**

I/We hereby agree to pay all charges, as provided by present rates and regulations and any future amendments thereto, and agree to use and continue such service until a written request is filed discontinuing the same at the Utility office at City Hall. We also agree that the Public Works Director, or authorized employee of the Department, shall have access to the above property for inspection of meters or any Utility Department facilities at any reasonable hour.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Administration**

Deposit Amount	Payment Method	Date Paid
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**DEPOSIT IS REFUNDABLE IN ONE YEAR WITH INTEREST IF PAYMENTS ARE NOT LATE MORE THAN ONCE. IF MORE THAN ONE PAYMENT IS PAID LATE, THE DEPOSIT WILL BE HELD UNTIL A FULL YEAR HAS PASSED WITHOUT MORE THAN ONE LATE PAYMENT.**

**TENNESSEN WARNING**

You are being asked to provide the City with your social security number on the attached Application for Utility Service. Your social security number is private data pursuant to Minnesota Statutes Section 13.355. Private Data is information which generally cannot be given to the public but can be given to the subject of the data.

The reason that the City is requesting that you provide it with your social security number is to allow the City to be able to file a claim with the Minnesota Department of Revenue in order to recapture any delinquent utility amounts through tax refunds. The City will only take this action in the event that your utility account becomes delinquent and it does not receive payment from you.

In the event that the City needs to file a claim, your social security number will only be provided to the Minnesota Department of Revenue. It will not be provided to any other government agencies or third parties. You are not required to supply this information and you may still receive utility services in the event that you do not provide it.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_