

APPLICATION FOR AKELEY MUNICIPAL WATER & SEWER SERVICE

PROPERTY OWNER INFORMATION			
Last Name	First	M.I.	Date
Street Address	Apt #	** Drivers License #:	
City	State	ZIP	
Home Phone	Daytime Phone		
RENTER INFORMATION (IF APPLICABLE)			
Last Name	First	M.I.	Date
Street Address	Apt #	** Drivers License #:	
City	State	ZIP	
Home Phone	Daytime Phone		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
Last Name	First	M.I.	Date
Street Address	Apt #		
City	State	ZIP	
Home Phone	Daytime Phone		

****Drivers License #** is required to prevent identity theft in accordance to the Federal Trade Commission's Red Flags Rule which implements Section 114 of the Fair and Accurate Credit Transactions Act of 2003. 16 C. F. R. § 681.2.

It is hereby understood by applicant that water and sewer is billed monthly; payment must be received in City Hall prior to 4:30 pm on the 20th of every month to avoid any late charges. A late charge of 10% will be added to all past due amounts.

It is also understood by the applicant that if the account becomes past due, the City of Akeley will proceed with shut-off proceedings according to City Ordinance. If after proper notification the applicant does not pay the past due bill in full, the water service shall be shut-off. The property owner will then be required to pay the account in full, plus a non-refundable disconnection/reconnection fee of \$150.00.

An amount due for utility charges may be certified to the Hubbard County Auditor for collection with real estate taxes in the following year in accordance with MN Statutes 444.075. This certification will be made regardless of who applied for services; whether owner, tenant or other person, these charges are filed against the property.

I have read this application and agree to follow the instruction of this application and the City Ordinances.

RENTER'S SIGNATURE (IF APPLICABLE)

DATE

PROPERTY OWNER'S SIGNATURE

DATE

OFFICE PERSONNEL'S SIGNATURE

DATE

Office Use Only

Parcel # _____

Account # _____

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 determine race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity of Head of Household	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race of Head of Household	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Two or More Races		
	Head of Household	Male:	Female:

Discrimination is prohibited by Federal Law.
 Complaints of discrimination should be sent to:
 USDA, Director, Office of Civil Rights, Washington DC 20250-9410