

MN Relay Service 1-800-627-3529

## APPLICATION FOR UTILITY SERVICE IN THE CITY OF WOLVERTON, MINNESOTA

DATE:				
NAME:	RENT:	OWN:	OWNER'S NAME:	
STREET ADDRESS:				
HOME PHONE:	CELL PHONE	:	WORK PHONE:	
Section 5 indicates – At the tin monthly utility payments, for a months of prompt payment or bear interest at current rates in delinquent in his/her utility acrequired to bring the deposit usection 6 indicates – that payr last day of the month there sha payment is made six (6) or two section 7 indicates – that when payment of all delinquent according to send a notice of I certify that I understand the a Ordinance #58, #62, #65, and The information regarding race that the City of Wolverton cording in You are not required to evaluating your requests for further than the control of the section 1.	me of filing application for the class of property application of service a separate passbook accocount, his/her deposit shall p to the amount originally ment of the utility bill must all be a one and one half pelve (12) months in advant a service is discontinued to bunts, in addition to a one of shut off by certified main above information regarding the color or national originally e, color or national originally furnish this information, ature services/continued services.	r utility services cable. The depo ces with all bills out, from the da ll be applied on a required. It be made by the ercent (1.5%) po ce a 5% discours to the delinquent hundred (\$100.41 plus a \$1.00 plus a \$1.00 plus a strong utility services designation is reprohibiting discibut are encouragervices or to discourse cable.	t customer, service will be restored only upon 00) dollar reconnection fee. A fee based on curocessing charge.  The for the City of Wolverton and that a copy of	ntive tts shall omer is shall be de by the arrent  nment, nal d in Tyou
	nber of household membe		ropriate category, if there is more than one cate	
RACIAL CATAGORII American Indian or Alaska Asian Black or African American Native Hawaiian or Pacific	an Native		ETHNIC CATEGORIES Hispanic or Latino Not Hispanic or Latino	
APPLICANT:			DATE:	
Deposit Paid:	Receipt #:		Check #:	_
Services Applied For: V	Vater:	_ Sewer:	Garbage:	