



APPLICATION FOR NEW WATER & SEWER SERVICES

30955 Forest Blvd
Stacy, MN 55079
Phone (651) 462-4486
Fax (651) 462-4467
www.stacymn.org
Utility Billing Clerk's email; utilitybilling@stacymn.org

Service Address: _____ Property Zip; _____

Owner _____ Renter _____ Closing Date: _____ No. of people in Household _____

****Photo ID Is Required With This Application****

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone*: _____ Email*: _____

* By submitting a phone number, the City can notify you quickly in case of emergency or problem in your home or in your neighborhood.

I/We affirm that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above service address until I/We have notified the City in writing to discontinue service. I/We have been informed that in the event of non-payment for any of the above referenced utility services, the City of Stacy may access said unpaid charges, penalties, and fees against the real property so served pursuant to Stacy Code or Ordinances, Chapter 50. The City of Stacy shall assess said unpaid charges by certifying the amount to the Chisago County, Auditor for collection as a real property tax.

I Hereby promise to pay all bills for service when due, and understand there is a monthly late payment Charge on all unpaid balances.

This application will remain in effect until I/We have notified the City in writing to discontinue service. I/We agree to comply with the City Ordinances that govern the use of these utilities.

I/We agree to permit the authorized agents of the City free access to premises for the purpose of inspection prior to the connection(s) of service, and agree to allow authorized agents access to the water meter and its components as needed including repair, replacement, and/or service.

Signature of Owner(s) _____ Date _____

Payment Options; Cash, Check, Money Order, or online Bill Pay via our website www.stacymn.org