

City of Crosby ~ 2 Second Street SW ~ Crosby, MN 56441

Telephone: (218) 546-5021 ~ Email: ubclerk@cityofcrosby.com

For City Clerk's Office Use Only:	
App. Rec'd Date:	
Service Start Date:	
Meter Read:	
Dated:	By:

Application for Water/Sewer/Refuse Service

- I/We understand that payment for water/sewer/refuse service is due by the 25th of each month. The water & sewer bill is based on actual usage; Refuse Service is billed for the month ahead (and will not be prorated).
- I/We agree to provide the City Clerk's Office with my forwarding address and the final payment within 10 days of the date of the last bill.
- I/We also understand that my service may be disconnected for non-payment after the 25th of each month. I also agree to pay a \$75.00 reconnect fee if my water/sewer service is disconnected.

Closing Date		
Date Service Requested		
Property Owner Name		
Service Address		
Daytime Phone:		Other Phone:
Property Owner Mailing Address (If different from service address) Property		
Property Owner E-MAIL address		
Renter Name		
Renter E-MAIL Address		
Number of Occupants in this Household	Adults	Children
Heat Source	Hot Water / Forced Air / Electric	

Pets: Do you own Dogs/Cats? Yes _____ No _____
 Annual licenses are **REQUIRED**; \$10 annual fee (January 1 - December 31)
*Proof of current rabies vaccination is **required** for the license to be issued*

Refuse

Cart Size: (Refuse service will begin on the 1st day of each month)

- ◇ 40 Gallon; \$15.95 per month
- ◇ 68 Gallon; \$19.47 per month
- ◇ 96 Gallon; \$23.28 per month

OFFICE USE ONLY:

System _____ start date _____
 Cart List _____ monthly-no proration

- ◇ Homeowner will occupy the home
- ◇ Rental - Long Term
- ◇ Rental - Short Term (30 days or less)
- ◇ Vacation Rental

The above information is true to the best of my knowledge and I understand that falsification of the information contained herewith may result in termination of my water, sewer and refuse service.

Signature of Head of Household	Date
---------------------------------------	-------------

By signing this application, you are verifying that you understand that this is a monthly bill.

Payment is due on the 25th of each month. Bills NOT paid by the due date will be subject to a late payment penalty of 10% of the unpaid balance per month.