

City of Madelia
116 West Main Street, Madelia, MN 56062
(507) 642-3245
Application for Service

Date information received: _____ Staff _____

Name of Applicant: _____

Service Address: _____ Phone _____

Note: Please report change of address or address correction promptly to City Hall.

Mailing Address, if different: _____

Service Start Date, (move-in date) _____ Meter Reading _____

Complete if rental property:

Property owner: _____

Address: _____ Phone _____

Note: Owner is responsible for notice of change of tenant to include new information and the completing of the application by tenant. Owner must sign application.

GENERAL INFORMATION

When **moving out**, a final date along with a forwarding address must be provided so the City can order the meter read out.

Bills are sent out on a monthly basis. If payment is not received by the due date (18th of each month), a 10% penalty will be charged to the account.

The City of Madelia will give notice to discontinue water service to accounts remaining delinquent after the due date. Discontinuance of water service shall be carried out under the provisions of the City Ordinance. You will be charged a \$50.00 shut off fee if your delinquent utility account is turned off by the City's Water Department.

An amount due for water charges may be certified to the 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 water services, whether owner, tenant, or other person, these charges are filed against the property.

Signature (applicant)

Signature (owner, if rental property)

****PLEASE COMPLETE BACK OF THIS FORM**

This City is an equal opportunity provider

City of Madelia

116 West Main Street, Madelia, MN 56062

(507) 642-3245

Application for Service

Type of Service requested:

_____ Water _____ Sewer _____ Garbage _____ All Services

For office use only:

Account # _____

Deposit paid (\$50.00) _____ cash _____ check _____ charge

Date Paid _____

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

Ethnicity of Household:

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race of Household:

_____ American Indian/Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Other Race
_____ Two or more Races

Number of persons in applicant's 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

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