



**CITY OF JACKSON, MINNESOTA**

Email: utilities@cityofjacksonmn.com **507-847-4410**

**Application for Residential Municipal Services**

\_\_\_\_\_:Account Number

\_\_\_\_\_:Date of Application

**Address is heated by:**  Electric  Natural Gas  Heating Oil  Propane

Deposit Options (Please check your choice):

\_\_\_\_ \$200 for water, sewer, garbage & recycling, and non-electric heat

\_\_\_\_ \$300 for water, sewer, garbage & recycling, and electric heat

\_\_\_\_ Bank Account Verification (no NSF checks in past 12 months)

\_\_\_\_ Utility Verification (no late payments in past 12 months)

\_\_\_\_ Loan Verification (no late payments in past 12 months)

**Address to be served:** \_\_\_\_\_

**Billing Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing Phone:** \_\_\_\_\_

**List All Additional Adult Occupants:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Services Requested (Please check your choices):

\_\_\_\_ Electric

\_\_\_\_ Water \*

\_\_\_\_ Sewer \*

\_\_\_\_ Garbage & Recycling \*

*\* required unless provided by landlord*

\_\_\_\_ Check for senior discount (62 or older) on small trash receptacle only

For Rentals Only

**Owner Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Manager Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

By signing below, I am requesting services from the City of Jackson, Minnesota to the above listed address. I authorize the City **[1]** to send it's billing statement for services to the billing name and address above, and **[2]** to provide any and all information regarding this account to the Manager or Owner listed above. I also understand that I am responsible for the payment of services.

**Signature Required of each Adult Occupant**

**Signature of Manager or Owner**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_