



201 First Street N
 P.O. Box 126
 Winsted, MN 55395
 320.485.2366

Utility Application Form

Please print clearly and complete both pages of this form.

Property Information

Property Address: _____ Winsted, MN 55395

Date to Begin/Discontinue Service: ____/____/____ Property Use: RESIDENTIAL COMMERCIAL

Owner Application to Begin Utility Services

Name(s): _____

Address: _____

Mailing Address

Unit #/P.O. Box

City

State

Zip Code

Primary Phone: (____) _____ Alternate Phone: (____) _____

Fax Number: (____) _____ Email Address: _____

Social Security Number(s) or Minnesota Tax ID: _____ / _____

Birth Date(s) (month/date/year): _____ / _____

Renter Application to Begin Utility Services

Name(s): _____

Address: _____

Street Address

Unit #/P.O. Box

City

State

Zip Code

Primary Phone: (____) _____ Alternate Phone: (____) _____

Fax Number: (____) _____ Email Address: _____

Social Security Number(s) or Minnesota Tax ID: _____ / _____

Birth Date(s) (month/date/year): _____ / _____

Application to Discontinue Utility Services

Name(s): _____

Forwarding Address: _____

Street Address

Unit #/P.O. Box

City

State

Zip Code

Primary Phone: (____) _____ Email Address: _____

Social Security Number(s) or Minnesota Tax ID: _____ / _____

Birth Date(s) (month/date/year): _____ / _____

Notes

Tennessee Warning

In accordance with the Minnesota Government Data Practices Act, the City of Winsted is required to inform you that personal information collected on this application may be private and not available to the public and you are not legally required to provide the requested data. This information is requested for the following reasons:

- To enable the City of Winsted to verify that the applicant is the individual or business making application.
- To enable the City of Winsted to contact the applicant(s) if additional information is required, to send the applicant appropriate notices, and/or to schedule service or maintenance calls.
- To enable the City of Winsted to collect monies due and owed by the applicant to the City of Winsted for services and equipment provided.

The information provided on this application will not only be used in the City of Winsted, but may also be provided to credit or collection agencies to determine the applicant's credit rating or to assist in collecting on this account, should the account become delinquent. The collected information may also be provided to law enforcement personnel, if requested.

In accordance with Minnesota Statutes Sections 13.03 and 13.04, I/We acknowledge by signing this application form that I/We have been informed of and understand my/our rights under the Minnesota Government Data Practices Act and hereby consent to the release of the information on this application for the purposes as stated herein.

I/We hereby certify the information given on this application is true and correct. I/We authorize the City of Winsted to verify this information and retain this application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Agreement & Signature

It is hereby understood by the applicant(s) that the owner of this property is responsible for all charges that are filed against this property at all times. I/We agree to pay all costs and expenses incurred by this agreement, including reasonable attorney fees, in the collection of any debt. It is also understood by the applicant(s) that water and sewer services are billed monthly; payment must be received at Winsted City Hall, 201-1st Street N, on the tenth (10th) day of each month to avoid late fees and additional charges. A late fee will be added to all accounts with a past due balance. It is also understood by the applicant(s) that the City of Winsted will begin shut-off proceedings if an account is past due, according to ordinance and policy set forth by the city. The city reserves the right to hire a collection agency to collect on past due utility bills. An amount due for utility charges may also be certified to McLeod County for collection with real estate taxes.

I/We have read this application and agree to follow the instructions of this application. I further agree to the terms and conditions of City of Winsted Policy and Ordinance.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Please send completed application to: **Chris.Kittock@winsted.mn.us**

OTHER WINSTED UTILITIES

Cable Television

Mediacom Cable 1-800-332-0245

Electric Service

Xcel Energy 1-800-895-4999

McLeod Cooperative Power Association 1-800-494-6272

**Only for Winsted on the Lake properties*

Gas Service

Center Point Energy 1-800-245-2377

Refuse Service

Waste Management, Inc. 1-888-960-0008

Recycling Service

West Central Sanitation 1-800-246-7630

McLeod County Solid Waste 1-800-335-0575

Telephone Service

TDS Telecom 1-877-837-8372

CITY OF WINSTED USE ONLY

_____ Date Application Received

_____ Date Application/Changes Entered