



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

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## 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, 201-1<sup>st</sup> Street N, on the tenth (10<sup>th</sup>) 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: [Amanda.Zeidler@winsted.mn.us](mailto:Amanda.Zeidler@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