



7700 Market Blvd
 PO Box 147
 Chanhassen, MN 55317 Phone (952) 227-1144 Fax (952) 227-1942
 www.ci.chanhassen.mn.us
 Email: utilitybilling@ci.chanhassen.mn.us

Complete and print the form, sign and date, and email, mail, or drop off at City Hall for processing.

APPLICATION FOR UTILITY SERVICES

Service Address: _____ Property Zip: _____

Owner Renter Closing Date: _____

****Photo ID Is Required With This Application****

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Optional)*: _____

*Phone numbers are optional. By submitting a phone number, the City can notify you quickly in case of an emergency or problem at your home or in your neighborhood. Any of the above information the City receives is considered "Public Information" and must be disclosed if an outside source requests it.

I would like to enroll in:

Quarterly Billing

Paper Statement. All accounts are defaulted to this option if no other selection is chosen.

Electronic Statement. *Complete Section I on reverse.* Statements are delivered to your e-mail inbox only.

Automatic Payment. *Complete Section II on reverse.* Payments are automatically withdrawn from your checking account on the due.

Monthly Billing

Electronic Statement & Automatic Payment. *Complete Sections I & II on reverse.* Monthly Billing is available to account holders who are enrolled in the City of Chanhassen automatic payment service and have opted-in to receive electronic bills.

In consideration of the City of Chanhassen providing utility services of water, sewer, and storm water, the undersigned being the owner(s) of the real property listed above, affirms that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above address. I/we have been informed that in the event of non-payment for any of the above-referenced utility services, the City of Chanhassen may assess said unpaid charges, penalties, and fees against the real property so served pursuant to Chanhassen Code of Ordinances, Chapter 19. The City of Chanhassen shall assess said unpaid charges by certifying the amount to the Carver County, or Hennepin County, Auditor for collection as a real property tax.

This application will remain in effect until I/we have notified the City in writing to discontinue service. I/We agree to comply with the City Ordinances that govern the use of these utilities.

I/We agree to permit the authorized agents of the City free access to premises for the purpose of inspection prior to the connection(s) of service, and agree to allow authorized agents access to the water meter and its components as needed including repair, replacement, and/or service.

Signature of Owner(s)

Date

Printed Name(s)

Please complete the sections below for Electronic Billing (*section I* only), Automatic Payment Plan (*section II* only), and/or Monthly Billing (*sections I & II*)

Section I

E-Mail Address: _____

(Required for monthly and/or electronic billing)

* Monthly billing will remain in effect on this account until there is a change of ownership, the City of Chanhassen automatic payment service is discontinued, the account begins receiving paper statements, and/or the City receives notification from the account holder to discontinue monthly billing services.

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

(Required for monthly billing and/or automatic payment)

- Please enroll me in the City of Chanhassen’s automatic payment program. I authorize the City of Chanhassen to collect payment of my utility bill by initiating debit entries (deductions) to the bank account listed below.
- I certify that I have authority to initiate debit entries from the account listed below.
- Payments will be deducted from my bank account on the due date listed on the utility bill, or the first business day thereafter if the due date falls on a weekend or holiday.
- I understand that this authorization will continue unless discontinued at my written request.

Section II

Signature _____ Date ____/____/____
By signing this form you authorize the automatic payment services as outlined above.

Name(s) on Bank Account: _____

Name of Financial Institution: _____

Branch / State: _____

Checking Account Number: _____

Financial Institution Routing Number*: _____

(*Located between the symbols I: I: on the bottom left of your check)

Utility Billing Line: 952-227-1144

Website: www.ci.chanhassen.mn.us

E-Mail: utilitybilling@ci.chanhassen.mn.us

For Office Use Only

UB Account Updated On: ____/____/____

UB Account # _____

Online Account Setup By On: ____/____/____

Account Verification Sent On: ____/____/____