

# City Directory

## CITY OF CHANHASSEN

7700 Market Blvd., PO Box 147  
Chanhassen, MN, 55317

**City Hall**  
952.227.1100 F 952.227.1110

**Chanhassen Recreation Center**  
952.227.1400 F 952.227.1404

**Public Works**  
952.227.1300 F 952.227.1310

**Senior Center**  
952.227.1125 F 952.227.1110

### EMAIL

Email city staff by using the e-mail prefix and then adding @ci.chanhassen.mn.us  
Example: tgerhardt@ci.chanhassen.mn.us

**Todd Gerhardt**, City Manager  
952.227.1119 email: tgerhardt

**Kim Meuwissen**, Office Manager  
952.227.1107 email: kmeuwissen

**Todd Hoffman**, Parks & Recreation Director  
952.227.1129 email: thoffman

**Kate Aanenson**,  
Community Development Director  
952.227.1139 email: kaanenson

**Eric Tessman**, Building Official  
952.227.1199 email: etessman

**Charlie Howley**,  
Public Works Director/City Engineer  
952.227.1169 email: chowley

**Greg Sticha**, Finance Director  
952.227.1149 email: gsticha

### LAW ENFORCEMENT

**Lieutenant Lance Pearce**,  
Carver County Sheriff's Office  
952.227.1601 email: lpearce

**Community Service Officers**  
952.227.1607 email: cso

### FIRE DEPARTMENT

**Don Johnson, Fire Chief**  
952.227.1152 email: djohnson

**Don Nutter, Fire Marshal**  
952.227.1151 email: dnutter

### PUBLIC WORKS WATER/SEWER

952.227.1300  
Monday - Friday: 7:30am - 3:30pm  
Utility Billing 952.227.1144

### CHANHASSEN LIBRARY

952.227.1500  
Monday-Thursdays.....10am - 8pm  
Friday & Saturday.....10am - 5pm  
Sunday.....1 - 5pm

### EMERGENCIES

**Emergency** 9-1-1

**Carver County Sheriff Dispatch**  
952.361.1231

### UTILITY EMERGENCIES

**Chanhassen Utilities Sewer & Water**  
952.227.1300

**After Hours/Emergency Sewer & Water**  
9-1-1 or 952.917.9345

**Century Link** (repair) 1.877.348.9007

**CenterPoint Energy**  
(gas leak)  
612.372.5050 or 1.800.895.2999

**Minnesota Valley Electric Coop**  
952.492.2313 or 1.800.232.6832

**Xcel Energy** (power outage)  
1.800.895.1999

**Gopher State One Call**  
8-1-1 or 651.454.0002 to request  
utility locates

# Program Registration

## Register Online

[www.ci.chanhassen.mn.us/register](http://www.ci.chanhassen.mn.us/register)

### New Customers

Click on "Create an Account" to make a personalized account with a unique login and password (remember this info for future registrations). Select the program you wish to register for and make a payment.

### Returning Customers

Sign in with your unique login and password. Select the program you wish to register for and make a payment. If you've forgotten your password, follow the "Forgot Password" prompt using the same email address you used when originally creating the account. Once the password is changed, proceed with registration and payment.

## In Person/Mail

Program registrations with cash or check may be delivered in person or mailed to either the Chanhassen Recreation Center or City Hall.

**Credit cards accepted in person only.**

### Chanhassen Recreation Center

**ATTENTION: Program Registration**  
2310 Coulter Boulevard  
Chanhassen, MN 55317

**Labor Day through Memorial Day**  
Monday-Friday ..... 5:30am - 10pm  
Saturday ..... 8am - 8pm  
Sunday ..... 10am - 8pm

**Memorial Day through Labor Day**  
Monday-Friday ..... 5:30am - 9pm  
Saturday ..... 8am - 6pm  
Sunday ..... Closed

### Chanhassen City Hall

**ATTENTION: Program Registration**  
7700 Market Boulevard  
PO Box 147  
Chanhassen, MN 55317  
Monday-Friday ..... 8am - 4:30pm

**Please call 952.227.1400 with any registration questions.**

## Registration Information

Payment is due at time of registration and may be made by cash, check, or credit card (Visa, MasterCard or AMEX). Make checks payable to the City of Chanhassen. Online and in-person credit card payments are accepted for purchases over \$10. Credit card payments are only accepted at City Hall or the Recreation Center, not through the mail, over the phone, by email or fax.

Registration must be received before classes begin (instructors cannot accept registrations). The registration deadline refers to the last day registrations are accepted. If the class is filled before that date, it is considered closed.

The City of Chanhassen guarantees your satisfaction with our recreation programs. If not 100% satisfied, our staff will make every attempt to meet your expectations. In the event we fail at these attempts, you will receive a full credit for another program of your choice or a full refund. Staff must be made aware of your dissatisfaction prior to the conclusion of the program.

Registrations canceled at least four days prior to the start of the program will receive a refund, minus any advanced costs incurred for admissions, meals, transportation, etc. Cancellations received after this time will receive a 50% refund. There is no confirmation for mailed or dropped-off registrations.

**Class times/dates are subject to change without notice.**

**WAIVER OF LIABILITY:** I, the undersigned parent, guardian or participant, do hereby agree to allow the individual(s) named herein to participate in the above-mentioned activity(ies), and I further agree to indemnify and hold harmless from and against any and all liability for injury which may be suffered by the aforementioned individual(s) arising out of, or in any way with, his/her participation in this activity. I do hereby allow the City of Chanhassen to use any photographs (taken by the city) of the individual(s) named herein in city informational bulletins released to the general public.

**DATA PRIVACY POLICY:** The information requested on the registration form will be used to verify eligibility and determine staff, facility, and equipment needs. You/your child's name, sex, birthdate, address, phone number and health information will be provided to city staff, volunteers, the city attorney, insurer, and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in the program.



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City of Chanhassen, Minnesota Government



Follow us on Twitter  
twitter.com/CityofChanMN

Name ( list parent or guardian if under age 18 )

Address

City & Zip Code

Phone Numbers

Home

Work

Cell

Email Address

Participant's Name(s)	Sex	Birthdate	Program Name	Code	Fee

Total Amount Due at Registration

Does the participant have any special needs or allergies?

No

Yes ( please list below )