

**CITY OF FISHER**  
313 Park Ave. Suite 111  
PO Box 158  
Fisher, MN 56723  
Phone (218) 891-2207, Fax (218) 891-2209

**APPLICATION FOR UTILITY SERVICES**

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE DATE OF THE LAST BILL.

Initial: \_\_\_\_\_

I/WE UNDERSTAND THAT PAYMENT FOR UTILITY SERVICES IS REQUIRED IN FULL BY THE **10<sup>th</sup>** OF EACH MONTH. I/WE ALSO UNDERSTAND THAT AFTER THE 10<sup>TH</sup> OF THE MONTH A LATE FEE WILL BE APPLIED TO MY ACCOUNT.

I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER 60 DAYS. I ALSO AGREE TO PAY A **\$100.00 RECONNECT FEE** IF MY UTILITY SERVICES ARE DISCONNECTED.

Initial: \_\_\_\_\_

I/WE UNDERSTAND THAT AS THE PROPERTY OWNER, I/WE WILL BE RESPONSIBLE TO PAY THE UTILITY BILL. IF THE UTILITY BILL IS NOT PAID IN FULL, IN THE ALLOTTED TIME FRAME, IT WILL BE ACCESSED TO YOUR PROPERTY TAXES ALONG WITH THE APPROPRIATE FEES.

Initial: \_\_\_\_\_

Today's Date \_\_\_\_\_

Check one: Owner ☐ Renter ☐

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
No. of Persons  
in Household

\_\_\_\_\_  
**HEAT SOURCE**

\_\_\_\_\_  
Address for Water/Sewer Service

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Date service is requested

\_\_\_\_\_  
E-mail Address

**APPLICANT DATA RECORD**

Please provide the following information so that the City of Fisher will be in compliance with title VI of the Civil Rights Act of 1964.

In order to meet the requirements of the Federal Register Vol. 62 No. 210, Revision to the Standards for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block the following disclosure statements.

Please check the appropriate information below:

**RACIAL CATEGORIES**

\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian or Pacific Islander

**ETHNIC CATEGORIES**

\_\_\_\_ Hispanic or Latino  
\_\_\_\_ Not Hispanic or Latino  
\_\_\_\_ White

GENDER:      Male \_\_\_\_\_ Female \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTINUED ON OTHER SIDE

**“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note race/national origin of individual applicants on the basis of visual observation or surname”.**

If you feel you have been discriminated against: To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TTD).

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**FOR CITY OFFICE USE ONLY**

Application Received \_\_\_\_\_

Service Start Date \_\_\_\_\_

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

Final Bill Paid \_\_\_\_\_

Disconnect Notice Sent \_\_\_\_\_

Disconnect Fee Paid \_\_\_\_\_