

CITY OF PIERZ UTILITY SERVICE
Application for Service / Change of Service

APPLICANTS COMPLETE THIS SECTION (please print):

Name: _____
Last First Middle

(OUT)Old Address: _____
Address City State Zip

(IN) New Physical Address: _____
House Number Street Apt. #

Mailing Address: _____

Telephone: _____ **Do you have a dog?** ___ Yes ___ No
Cell

Social Security Number _____ **Email Address:** _____

Communication Preferences: ___ Call ___ Text ___ Email (Please check one)

Date Service Requested: _____ **Do you have Critical Needs:** _____

As a resident of Pierz, MN, I have received the electric and solid waste policy. I understand that I will be held accountable for understanding these policies and their processes. I am responsible for informing the City of move in/move out dates.

Applicant Signature

City Staff Signature

CITY OFFICE USE ONLY

Is Customer: Owner: ___ Renter: ___ Date of Application _____

Electric Deposit Required: Y or N Amt. _____ Paid on _____

Solid Waste Service Type (SW)

___ One Can ___ Three Cans ___ Recycling Bin
___ Two Cans ___ City Garbage Bags

SW Deposit Required Y or N Amt. _____ Paid on _____

Would Like ACH? Complete paperwork if yes. _____ YES _____ NO

Check When Complete (These must be completed):

___ Banyon	___ Address Spreadsheet/Can & Bin #'s updated
___ Work Orders – Meter Reads/SW Deliveries	___ One Call
___ Bill Landlord/Owner?	___ Parcel Spreadsheet
___ Run test bill	___ Final Bills Spreadsheet
___ Apply Deposit	___ Yearly Water Test Fee
___ Refund Remaining Deposit	___ Dog License
	___ Transfer ACH Info from previous acct