



City of Chaska Utility Billing
 One City Hall Plaza
 Chaska, MN 55318-1962
 Phone: (952) 448-9200
 Fax: (952) 448-9300

APPLICATION FOR UTILITIES

CUSTOMER NAME (REQUIRED)			SERVICE ADDRESS (REQUIRED)		PHONE (REQUIRED)
LAST	FIRST	MI.	STREET NUMBER	STREET NAME	
EMPLOYED BY:			EMPLOYER ADDRESS/PHONE		SERVICE DATE(REQUIRED)
IF RENTAL, PROPERTY OWNER'S NAME (REQ.)			PROPERTY OWNER'S ADDRESS/PHONE (REQ.)		ACCOUNT NUMBER
SECONDARY RESPONSIBLE PARTY			SECONDARY RESPONSIBLE PARTY'S EMPLOYER		<input type="checkbox"/> OWN <input type="checkbox"/> RENT (REQ.)
CITY UTILITY USE ONLY					
READ OUT SLIP: <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATE APPLICATION FAXED:			DATE APPLICATION MAILED:		
FAX NUMBER USED:			DATE TO FRONT DESK:		

SERVICE REQUIREMENTS

(ONE OF THE FOLLOWING OPTIONS MUST BE MET.)

- Deliver to the City an agreement signed by the owner of the property stating the property owner will be responsible for any unpaid utility bill (*please attach*); **THIS OPTION IS NOT AVAILABLE FOR RENTERS.**
- or
- Provide a document from your previous utility company showing no more than one delinquent payment during the immediate preceding twelve-month period. (*If previous service was with Chaska Public Utilities, we will check our payment history, account #: [REDACTED]*);
- or
- Pay a utility deposit amounting to two times the average monthly utility bill:
- DEPOSIT REQUIRED?** Yes No **DEPOSIT PAYMENT DETAIL:**
- Yes No **DATE PAID** _____ **RECEIPT NO.** _____
- AMOUNT:** \$ _____

I/We hereby apply for utilities and services at the address above under the terms and conditions as approved by the City of Chaska and agree to pay for same at the approved rates. I/We hereby confirm that all information on this application is correct.

SIGNATURE

DATE

SIGNATURE OF SECONDARY RESPONSIBLE PARTY

DATE

