



Utility Billing Change of Account



Please return this form to the City Hall located at 315 N Broadway, mail to PO Box 350, Pelican Rapids MN 56572, fax to 218-863-7077 or place in the City of Pelican Rapids drop box located at Loretel Systems (20 West Mill Ave). Please call 218-863-7076 with any questions.

Account Number _____ **Property Address** _____

Current Owner(s) _____

Phone Number _____

Address for Final Payment _____

City _____ State _____ Zip _____

Please sign the statement below.

I, _____ am requesting my name be removed from the above utility bill address as of **(date)** _____.

New Owner(s) _____ **Phone** _____

*Must provide copy of picture identification.

Address for payment _____

City _____ State _____ Zip _____

Please sign the statement below.

I, _____ am requesting the utility bill at the above address be changed to my name as of (date) _____.

\$50 Deposit Paid (Trailer Court Only) Receipt # _____ **Date** _____

\$30 Turn on Fee Paid Receipt # _____ **Date** _____

If you would like your utility bill paid automatically please attached a voided check and sign here.

Signature of owner requesting automatic deductions for utility bill.

Automatic payments will be deducted on the 15th of each month.

Bills are mailed approximately the 1st of every month.

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED IN FULL BY THE 15TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER THE 25TH OF EACH MONTH. I ALSO AGREE TO PAY A \$30.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.