



## CITY OF NORWOOD YOUNG AMERICA

310 Elm Street West, PO Box 59

NYA, MN 55368

Phone: 952-467-1800

Fax: 952-467-1818

[www.cityofnya.com](http://www.cityofnya.com)

### UTILITY ACCOUNT REQUEST

Service Address: \_\_\_\_\_ Date Requested: \_\_\_\_\_

☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

#### TYPE OF REQUEST

☐ Set-up New Account Closing Date: \_\_\_\_\_ ☐ Cancel Service Closing Date: \_\_\_\_\_

☐ Water Disconnect\* ☐ Water Reconnect\*

Information Change:

☐ Name on Account ☐ Mailing Address ☐ Name on Account & Mailing Address

#### REQUESTER INFORMATION

☐ Property Owner ☐ Renter ☐ Bank Owned ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are NOT the property owner, state your legal interest in the property and authority to make this request. (You will need to file a copy of all documents evidencing claimed interest with this request). \_\_\_\_\_

#### MAILING ADDRESS (if different from service address) or FORWARDING ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

By signing this form, I hereby state and certify that I have legal interest in the property identified above and therefore, I have authority to direct the City to add or modify information regarding the service address above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Disconnect/reconnect fees based on fees set by the City Council. Disconnects/reconnects require appointments with someone on site. Please allow 24-hour notice.