



**CITY OF NORWOOD YOUNG AMERICA**

310 Elm Street West, PO Box 59

NYA, MN 55368

Phone: 952-467-1800

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[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     Contractor     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.*

**OFFICE USE ONLY**

I certify I have completed the above requested work.

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