



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

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: _____

Email: _____

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.