



City of Clarkfield  
812 10<sup>th</sup> Ave – Suite 1  
PO Box 278  
Clarkfield, MN 56223  
Phone: (320) 669-4435  
[info@clarkfield.org](mailto:info@clarkfield.org)  
[www.clarkfield.org](http://www.clarkfield.org)

## Application for Utility Services

### Type of Services Requested:

Garbage	_____	\$25.00 Deposit	<input type="checkbox"/> 35 Gallon	<input type="checkbox"/> 65 Gallon	<input type="checkbox"/> 95 Gallon
Water	_____	\$25.00 Deposit			
Sewer	_____	\$25.00 Deposit			

### Current Information:

Name of Customer \_\_\_\_\_

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address of Customer \_\_\_\_\_

***\*REQUIRED\**** Social Security Number \_\_\_\_\_

Driver's License or I.D. Number Attach a photocopy of DL to form

Your Telephone Number \_\_\_\_\_

Your Place of Employment \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_

### Other Information:

Name to Contact to reach you \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Miscellaneous Information:

Date services are to be connected \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby acknowledge the above information is true to the best of my knowledge. I also acknowledge that I give this information freely and give my permission to the City of Clarkfield to verify any information I have given. I FURTHER UNDERSTAND THAT IF I FAIL TO PAY MY FINAL UTILITY BILL WITHIN 15 DAYS OF BECOMING PAST DUE, THAT THE CITY MAY USE MY UTILITY DEPOSIT TO PAY COLLECTION FEES INCURRED BY THEM IN COLLECTING THE FULL AMOUNT DUE.

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

"NOTICE OF RIGHTS - TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Clarkfield, Minnesota, is required to inform you of your rights as they pertain to the private information collected from you. Your personal information we collect from you is private and access to this information is only available to you and the agency collecting the information and other statutorily authorized agencies unless you or a court authorizes its release.

The Minnesota Government Data Practices Act requires that you be informed that the information on the hereto attached application for utility services, which you are being asked to provide, is considered private.

The purpose and intended use of the requested information is as follows:

- A. To maintain complete and accurate information regarding the City's utility customers; and
- B. To assist the City in providing necessary and appropriate billing to its utility customers and undertaking such actions as may be necessary to collect payment for such utility services.

Authorized persons or agencies with whom this information may be shared include the following:

Courts of competent jurisdiction and other appropriate government entities and/or agencies, as well as individuals, both public and private, as may be deemed necessary by the City to operate and maintain its municipal utilities system and to collect payment for services rendered to customers by said system.

You may refuse to provide the information requested, but in the event you refuse to do so, the City is not required to provide utility services to you pursuant to your attached application.

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Name

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Date

Landlord Information:

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

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

Telephone Number \_\_\_\_\_

**The City of Clarkfield is an equal opportunity employer and provider.**