

**City Of Hayward
20582 810th Avenue
Hayward, MN 56043**

Application for Water and Sewer Service

Please Print Name:

First	MI	Last
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Business Name

Circle One:

OWNER TENANT MANAGEMENT COMPANY REALTOR

Service Address: _____
(Street Address) (City, State, and Zip Code)

Mailing Address: _____
(If different than Service Address) (City, State and Zip Code)

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Driver License/ID Number: _____ State: _____

Previous Address: _____

In consideration for receiving water and sewer service from the City of Hayward, MN at the above location, I hereby acknowledge responsibility for payment of service billings. Water and Sewer accounts are billed quarterly (every three months). Payment by the indicated due date is required to prevent interruption of service. **You are responsible for water/sewer service until your account is closed.** When service is shut off because of delinquent payment there is a \$75 re-connection fee.

Signature: _____ Date: _____