



**APPLICATION FOR WATER/SEWER SERVICE**

*This is a 3-page Application, please complete all pages, sign, date and return to:  
112 King Street South Backus, MN 56435  
If mailing send to: PO Box 44 Backus, MN 56435  
If emailing send to: [clerk@cityofbackusmn.gov](mailto:clerk@cityofbackusmn.gov)*

Today's Date \_\_\_\_\_ Date Service is Requested \_\_\_\_\_

No. of Persons in Household \_\_\_\_\_ Heat Source \_\_\_\_\_

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Service Address \_\_\_\_\_ Parcel No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Ownership Proof Provided \_\_\_\_\_

THIS AGREEMENT is entered into, by and between the City of Backus, Minnesota, hereinafter called the "City" and the undersigned applicant(s) hereinafter called "the Customer" on the date indicated below.

1. The Customer hereby makes application for water/sewer service at the address set out herein and agrees to pay for such water/sewer service at rates established by the City from time to time, it being understood that **current** monthly rates are as follows:

- MONTHLY WATER/SEWER USAGE CHARGE**
- WATER:** \$27.50 Base Charge plus actual usage rate below  
\$3.50 per 1,000 gallons used
- SEWER:** \$41.00 Base Charge plus actual usage rate below  
\$3.43 per 1,000 gallons used
- TOWER SURCHARGE:** \$5.00 per month

2. The Customer understands that payment for water/sewer service is required in full by the date on the invoice of each month and that late charges will be assessed if payment is not made by the due date.
3. The Customer further understands that attempts to collect unpaid balances will be made however all delinquent accounts that are 60 days or more past due come November each year will be sent to the County for certification to the County Auditor for collection along with taxes. Letters will be sent out in October on all past due accounts letting residents know that if there account is not current my mid-November, they the entire past due balance, plus all applicable fees and other charges incurred will be sent to the County Auditor for certification to their taxes.
4. The Customer understands that the monthly fee for water/sewer service shall be charged even if the water is disconnected, whether for non-payment or vacancy from the premises.
5. The City agrees to provide water/sewer service to the Customer subject to the provisions of the City Ordinance, rules and regulations for the operation of the water/sewer system.
6. The water meter on the premises is the property of the City and may be removed by the City upon termination of the service to the premises.
7. The Customer acknowledges receipt of the City's Freeze Run Policy which is relevant during the winter months.

**CUSTOMER**

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

\_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant Signature

**CITY OF BACKUS**

\_\_\_\_\_ Date: \_\_\_\_\_  
 City Clerk/Treasurer

<b>FOR CITY ADMINISTRATION USE ONLY</b>	
<b>ACCOUNT NUMBER</b> _____	<b>COMPLETE S/O BY</b> _____
<b>DATE /O COMPLETED</b> _____	<b>METER READ</b> _____
<b>APPROVED</b> _____	<b>NOTES</b> _____
<b>NAME TO CONTACT (If Not Owner)</b> _____	
<b>PHONE NUMBER OF ALT. CONTACT</b> _____	

**CITY OF BACKUS  
APPLICANT DATA RECORD**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Because the City of Backus has received federal funds through Rural Development for a sewer connection project completed during 2013, the City is required to request response on this application from all water/sewer utility customers.

The following information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Backus complies with Federal Laws prohibiting discrimination against applicants seeking utility services. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, city personnel are required to note race/color/national origin of individual applicants on the basis of visual observation or surname.

**RACIAL CATEGORIES** Appropriate information below.

**ETHNIC CATEGORIES**

American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Pacific Islander  
Prefer Not to Answer

Hispanic or Latino  
Not Hispanic or Latino  
White  
Prefer Not to Answer

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Co-Applicant

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