## City Of Hayward 20582 810<sup>th</sup> Avenue Hayward, MN 56043

## **Application for Water and Sewer Service**

Please Print Name:			
First		MI	Last
Business Nam	ie		
Circle One:			
OWNER	TENANT	MANAGEMENT COMPANY	REALTOR
Service Address: (Street Address) (City, State, and Zip Code)			
Mailing Address:	(If different th	an Service Address) (City, State a	and Zip Code)
Telephone Number:			
Cell Phone Number:			
Email Address:	1.	· · · · · · · · · · · · · · · · · · ·	
Driver License/ID Num	ber:		State:
Previous Address:			
location, I hereby acknown are billed quarterly (evinterruption of services	owledge respor ery three mont . <b>You are respo</b> n	hs). Payment by the indicated du	illings. Water and Sewer accounts ue date is required to prevent until your account is closed. When
Signature:		Date	