
CITY OF FRAZEE UTILITY

Application for Service / Change of Service

Name: _____

Driver's license Number or I.D. _____

Property physical Address: _____
Street Apt.#

Mailing Address (if different from physical address): _____

Telephone: _____
home work

Email Address: _____ Cell Phone / Text Service _____

Date utility Service Requested: _____
month / day / year

Use of Property: _____ Residential _____ Commercial (check one)

Size of Garbage Container: _____ 35 gallon _____ 64 gallon _____ 96 gallon **ASK ABOUT OUR SENIOR RATE**

Applicant Signature

Date

CITY OFFICE

_____ New Customer _____ Moving out of City _____ Existing Customer relocating

Assigned Acct # _____

Notes: _____

ACH Transfer of Funds

ACH Transfer of this and any other city invoice is available for your convenience.
Ask at the office for the ACH application.