

**CITY OF FAIRFAX
MUNICIPAL UTILITIES
APPLICATION FOR SERVICE**

I/We hereby make application for the following services for the premises located:

Street address _____ City _____
Apartment # _____

Electric () Sewer () Water () Natural Gas ()

Bills for these services should be addressed to:

Name _____ Home Phone # _____
Address _____ Social Security # _____
City _____ State _____ Date of Birth _____
Zip Code _____
Email _____

I/We would like our utility bill emailed instead of receiving a paper statement in the mail.

Yes _____ No _____

Employer _____ Phone # _____
Address _____
City/State _____

I/We are purchasing () renting () the above named property from:

Name _____
Address _____
City _____ State _____
Zip Code _____

I/We agree to pay a meter deposit of \$ _____ as required by the City of Fairfax.
(Deposit required for renters only – electric **or** gas \$150, electric/gas/water \$300)

I/We hereby consent to release of all utility data by the City of Fairfax, Minnesota for the above named property to _____ (landlord name).

This release of information applies to both existing and future data.

I/We hereby consent to allow utility personnel to enter my/our premises to read meters and/or repair utility property as the need arises.

I/We agree to be responsible for any damage caused to city property as a result of negligence or carelessness on my/our part.

I/We hereby guarantee payment of any/all bills in the above named account effective _____ until I/we notify the City of Fairfax to discontinue the services.

I/We hereby agree to be bound by all rules and regulations as prescribed, from time to time, by the City Council of the City of Fairfax.

Do you have a dog/dogs? ___yes ___no (Fairfax residents)

All dogs must be licensed. Proof of rabies vaccination and home owners or rental insurance is required before a license is issued. The cost of a license is \$25.00 per dog. The dog ordinance allows up to 3 dogs per residence. This is a lifetime license.

Signed _____ Date _____

Date Deposit Received _____ Amount Paid _____ Receipt # _____

TENNESSEN WARNING

YOUR PRIVACY RIGHTS

This sheet tell you about your rights under the Minnesota Government Data Practices Act ("the Act"). This Act protects your privacy, but also lets us give information to others if a law requires it AND we tell you before we do it. The information below tells why and when we will ask for and give information about you. Under the Act, information about individuals is divided into four categories:

What kind of information do we collect?

- **Public Information:** Information about you that is available to anyone.
- **Private Data:** Information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
- **Confidential Information:** Information about you that can't be shared about you.
- **Summary Information:** Information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

Generally, we only ask for two types of information from you – public and private information. We use summary information for reports but it does not identify you or anyone else by name or other identifying information

Why do we ask you for this information? – We ask this information so we can:

- Tell you apart from other persons with the same or similar name
- Decide if you can receive services from us.
- Collect money from the government for delinquent accounts.

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?

Generally, you do not have to give us information. However, if you do not provide us the information, we may not be able to provide you with service.

With whom may we share the information about you?

We may give information about you to the following agencies. This does not mean we always share information about you with this agency. It only says that there is a law that says we may share data with this agency. If you have questions about when we give agencies information, please request it.

The agencies we may share information with:

- Minnesota Department of Revenue Recapture Program

You have the right to copies of information we have about you.

- You may ask if we have any information on you.
- If we have information about you, you may ask for copies
- You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.
- You may ask for and receive a copy of the agency's Data Practices Policy.

How do you appeal if you think information is not accurate or complete?

Call the City office (507) 426-7255. Your objection may also be in writing and sent to PO Box K, Fairfax, MN 55332. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, please call the City office.

If you have any questions about the information on this form, please ask for clarification.

Applicant Name (please print)

Signature of Applicant

Date: