



<p><u>For Office Use Only</u></p> <p>Account number _____</p> <p>Owner number _____</p>
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**AUTHORIZATION FOR TRANSFER OF CITY OF FERGUS FALLS PUBLIC UTILITIES**

OWNER:

I, \_\_\_\_\_, am the owner of the property located at \_\_\_\_\_ in Fergus Falls, Minnesota.

I hereby authorize the City of Fergus Falls to bill my tenant(s), \_\_\_\_\_, for utilities charged at this address beginning \_\_\_\_\_, 20 \_\_\_\_

I understand and agree that in accordance with City Code Section 3.70 (D) (1 & 2), I am primarily responsible for any municipal utilities owing on my property and any assignment to a tenant does not relieve me of this responsibility.

I also agree to the following items:

1. I cannot request that the water be disconnected if the utility bill is not in my name.
2. Annually, the City will certify to the property taxes any accounts 45 days or more past due.
3. The City will retain ownership of the meters, however, the expense to repair/replace the water meter due to other than normal wear will be the responsibility of the property owner. Freezing is not considered normal wear.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Address

\_\_\_\_\_  
Property Owner Phone

TENANT:

As requested, I, \_\_\_\_\_, tenant(s) of the above named property, agree to the transfer of the utilities into my name. For as long as I occupy the premises I am responsible for the municipal utilities owing on this property. I am also responsible for any final billing for utility services received while occupying the premises, but billed after I vacate the premises. I acknowledge I will be denied service at another address until my delinquent City utility accounts, if any, are paid in full.

\_\_\_\_\_  
Signature of tenant

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED AUTHORIZATION FORM TO:**  
 City of Fergus Falls – 112 West Washington Ave – PO Box 868 – Fergus Falls MN 56538-0868  
 Phone: 218-332-5400 – Fax: 218-332-5449