



City of Baxter
 PO Box 2626
 13190 Memorywood Drive
 Baxter, MN 56425
 Phone (218) 454-5100
 Fax (218) 454-5103
 www.ci.baxter.mn.us

**APPLICATION FOR UTILITY
 SERVICE
 COMMERCIAL**

Today's date ____/____/____
 Responsible for account as of date ____/____/____
 Service address _____ Suite # _____
 Purchasing or leasing? _____
 If leasing, property owner's name _____

Business Name _____
 Contact Person _____ Phone (____) ____-____
 Is this business sales tax exempt? Yes No
 If yes, please provide completed ST3 form
 Have you had service from us within the last 12 months? Yes No
 If yes, previous address _____

BILLING INFORMATION

Billing Name _____
 Attention _____
 Billing Address _____

- Service will remain in your name for the service address listed above until we receive a completed "Termination of Utility Service" form.

By signing below you agree to the above terms regarding discontinuing service

_____ Date

Applicant

Applicant's Printed Name _____
 Relationship to Business _____

Office Use
Beginning Meter Reading: _____
