



CITY OF
WABASHA
UTILITIES COMMISSION
APPLICATION TO SUSPEND MONTHLY BILLING

NAME/PHONE NUMBER: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

SUSPEND BILLING FROM: _____ TO: _____

- I/we agree that the water will remain on and that there will be no usage at the above stated property during that period.
- I/we agree that the City of Wabasha shall not be responsible for any leaks or damages that may result with the water staying on and hold the City of Wabasha harmless from any liability for any damage that may occur as a result of leaks during these months.
- I/We understand that billing will be temporarily suspended during the above stated period. However, in the event that usage is recorded by the meter, I/we will be billed for that usage.
- I/We agree we will contact City Hall at 1-651-565-4568 to resume billing and service.
- **I/We agree there will be a \$50.00 fee upon resuming of service.**
- **Per City Ordinance 650: Street Light Ordinance; Subd 3: Snowbirds, I will be billed the total amount of the street light ordinance fee for the months that billing is suspended when services resume.**

Signature

Date

Please provide below an emergency contact name and phone number:

****Please fill in name(s), service address, suspension period, sign, date and return to City Hall, 900 Hiawatha Dr E, PO Box 268, Wabasha, MN 55981. Any questions call City Hall at 1-651-565-4568.**