

City of Aurora

16 West 2nd Ave North
P.O. Box 160
Aurora, MN 55705
(218) 229-2614

APPLICATION FOR WATER, SEWER, AND/OR GARBAGE SERVICES

Name _____

Start Date _____

Owner's Name (If different from above) _____

Service Address _____

Billing Address (if different from above) _____

Applicant's Home Phone _____ Cell Phone _____

Social Security Number _____

Driver's License # _____

Employer _____

Please remember to notify the City of Aurora when you move again. You are responsible for all water, sewer, and garbage bills until we are notified of a change in billing information.

FOR AND IN CONSIDERATION OF the service to be rendered by the City of Aurora under this application, I hereby guarantee and agree to pay all charges for such service, installation, and repairs made by the City of Aurora chargeable to said application, under the rules and regulations of the City of Aurora and the City Ordinance or rules of the City in force or hereafter adopted and it is understood that same be truly a part hereof, as though printed hereon in full. It is further understood and agreed that the City may assess such charged against the said premises and collect the same by certifying the same upon the tax roles of said premises, and that in addition to such manner of collection the City of Aurora may assert such claim for service by the usual legal processes.

Signature _____ Date _____