



**City of Baxter**  
 13190 Memorywood Drive  
 Baxter, MN 56425  
 Phone (218) 454-5121  
 Fax (218) 454-5103  
[www.baxtermn.gov](http://www.baxtermn.gov)  
[ub@baxtermn.gov](mailto:ub@baxtermn.gov)

**APPLICATION FOR UTILITY SERVICE**  
  
**COMMERCIAL**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Responsible for account as of date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Service address \_\_\_\_\_ Suite # \_\_\_\_\_  
 Purchasing or leasing/renting? \_\_\_\_\_  
     If leasing, property owner's name \_\_\_\_\_  
 Have you previously had service from us? Yes/no  
 If yes, previous address \_\_\_\_\_  
 If you want to sign up for auto pay there is a separate form available at City Hall or [www.baxtermn.gov/government/departments/finance/utility-billing](http://www.baxtermn.gov/government/departments/finance/utility-billing)  
 If you already have an existing account on the City autopay, do you want us to use the same banking information for this new address? Yes/No

Business DBA Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Email: \_\_\_\_\_  
 Is this business sales tax exempt? Yes No  
     If yes, please provide completed ST3 form

**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 \_\_\_\_\_