

Welcome packet received _____

City of Braham Water/Sewer Application

201 S Broadway, PO Box 521, Braham MN 55006

Email: cityhall@braham.com

Phone: 320-396-3383 Fax: 320-396-3478 TDD: 800-627-3529

| | | |
|---|----------------|---|
| Move-in Date | Account | IS PRIMARY HEAT SOURCE WATER? YES_____ NO_____ |
| Billing Name | | |
| Billing Address Street: | | |
| City/State/Zip: | | |
| Actual Location Address (If different from above) | | |
| Street: | | |
| City/State/Zip: | | |
| Phone # – Home | Phone # – Work | |

All accounts must be in the name of the **property owner** and/or **renter**. (Circle one)

PROPERTY OWNER'S NAME _____

RATES:

SEWER: \$7.60 PER THOUSAND GALLONS WITH \$7.60 MINIMUM PER MONTH.

WATER: \$3.65 PER THOUSAND GALLONS WITH \$9.13 MINIMUM PER MONTH.

FMHA: \$5.05 PER STANDARD EQUIVALENT CONNECTION PER MONTH

WATER TREATMENT FEE: \$7.50 PER UNIT PER MONTH

METER FEE: \$2.00 PER MONTH

STATE DRINKING WATER FEE: \$.53 PER MONTH

WATER TOWER FLAT FEE: \$3.00 PER MONTH

MINIMUM BILLING: \$34.81

Late payments are assessed at a charge of \$10 or 10%; whichever is HIGHER.

All payments are to be made payable to: **City of Braham by the 14th of each month.**

New service fee (nonrefundable) \$25.00 will be included on first billing

Also available for purchase, 2nd meters for summer irrigation-ask for details at City Hall

I have read and understand the above stipulations.

Signature

Date

Please provide the following information so that the City Of Braham will be in compliance with Title VI of the Civil Rights Act of 1964. The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that the City Of Braham complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

Please check the appropriate information below:

RACIAL CATEGORIES

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

ETHNIC CATEGORIES

- Hispanic or Latino
- Not Hispanic or Latino

The City Of Braham is an equal opportunity provider and employer.

DATE: _____

Who filled out this form? (check one)

- Participant
- Employee Observed