



MAYOR
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UTILITY BILLING CLERK
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COUNCIL MEMBERS
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PLANNED OUTAGE OF SERVICE

CUSTOMER UTILITY INFORMATION

Customer Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account #: _____

*Phone numbers are optional. By submitting a phone number, the City can notify you quickly in case of an emergency or problem at your home or in your neighborhood. Any of the above information the City receives is considered "Public Information" and must be disclosed if an outside source requests it.

VACANCY DATES:

I will be leaving Audubon on _____ and plan on returning on _____.
I understand I will receive a bill for City Utility Services that will consist of the base charge, storm sewer, taxes and any actual usage.

CUSTOMER TEMPORARY ADDRESS:

Please mail my City of Audubon utility bill to –

Customer Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

I understand that if I choose not to provide a Customer Temporary Address, my City Utility Bill will be sent to the service address and will cause delays in its delivery to me. I understand this may cause late fees to be applied to my account.

Applicant Signature

Date