



City of Baxter  
 PO Box 2626  
 13190 Memorywood Drive  
 Baxter, MN 56425  
 Phone (218) 454-5100  
 Fax (218) 454-5103  
 www.baxtermn.gov

**APPLICATION FOR UTILITY  
 SERVICE  
 COMMERCIAL**

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Responsible for account as of date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Service address \_\_\_\_\_ Suite # \_\_\_\_\_  
 Purchasing or leasing? \_\_\_\_\_  
 If leasing, property owner's name \_\_\_\_\_

Business Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Is this business sales tax exempt? Yes No  
 If yes, please provide completed ST3 form  
 Have you had service from us within the last 12 months? Yes No  
 If yes, previous address \_\_\_\_\_

**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

\_\_\_\_\_  
 Applicant Date

Applicant's Printed Name \_\_\_\_\_  
 Relationship to Business \_\_\_\_\_

<b>Office Use</b>
Beginning Meter Reading: _____
_____