

Office of Administration

1408 Lake Street South Forest Lake, MN 55025 651.464.3550 651.464.4968 fax www.ci.forest-lake.mn.us

Military Service Personnel
Utility Payment Arrangement
Forest Lake Utility Acct #:
Date: 20

PLEASE PRINT:	
Name:	
Mailing Address:	
Home Phone ()	Alternate Phone ()
Total Amount Owing \$ Tot	al Annual Household Income \$
Number of persons in household (including yourse	elf)
	COPIES OF YOUR INCOME INFORMATION L BE CONSIDERED INCOMPLETED AND YOU FION.
Source of Income –Please select appropriate in	tems:
Your payroll stubs for the past two months	Income Tax Returns for the previous year
Pension/Retirement benefits statements	Social Security/Social Security Disability
Other	A Current copy of your unemployment benefits
General Assistance	AFDC/MFIP (MN Family Investment Program)
	Medical Assistance Statement
Check if any of the following exists in your home:	
Medical EmergencyMedical Assistance	e StatementMedically necessary equipment
CALL FOREST LAKE UTILITY BILLING A AFTER SUBMITTING THIS NOTICE TO VE NECESSARY PAYMENT ARRANGEMENTS	
I acknowledge that I have received, read, and undo attest the above information is true and correct.	erstand the enclosed rules for Military Personnel. I
Customer Signature	Date:/
Please complete and mail this form and copies of City of Forest Lake Utility Billing, 1408 Lake Strong	income and proof of military orders to: