

CITY OF MABEL  
201 S MAIN ST  
PO BOX 425  
MABEL, MN 55954  
PHONE 507-493-5299  
FAX 507-493-3299  
Email [mabelcty@mabeltel.coop](mailto:mabelcty@mabeltel.coop)

#### UTILITY INFORMATION

METERS ARE READ AT THE END MONTH, FOR BILLING PURPOSES THE CUSTOMER CHARGES ARE FOR THE MONTH. BILLS ARE READY AROUND THE 5<sup>TH</sup> AND DELINQUENT AFTER THE 20<sup>TH</sup>. THE CLERKS OFFICE IS OPEN MONDAY – FRIDAY FROM 8:00 A.M. – 3:00 P.M. (DROP BOX AT CITY HALL)

#### APPLICATION FOR SERVICE

CUSTOMER SERVICE APPLICATION MUST BE ON FILE AT CITY HALL – DUE WHEN APPLICATION IS FILLED OUT A DEPOSIT OR LETTER OF CREDIT FROM PREVIOUS UTILITY SERVICE.

DEPOSIT OF \$ 200.00 WHEN FULL UTILITIES ARE BILLED

DEPOSIT OF \$ 100.00 FOR ELECTRIC

DEPOSIT OF \$ 200.00 GENERAL COMMERCIAL

#### RATES AS OF OCTOBER 1<sup>ST</sup> 2015

#### ELECTRICAL

##### A. RESIDENTIAL AND COMMERCIAL RATES (NON SUMMER)

- |                           |               |
|---------------------------|---------------|
| 1. MONTHLY SERVICE CHARGE | 15.00         |
| 2. ALL KWH                | .1089 PER KWH |

##### B. RESIDENTIAL AND COMMERCIAL RATES (SUMMER JUNE-AUGUST)

- |                           |               |
|---------------------------|---------------|
| 1. MONTHLY SERVICE CHARGE | 15.00         |
| 2. ALL KWH                | .1173 PER KWH |

##### C. DUAL FUEL RATES (NON-SUMMER)

- |                           |               |
|---------------------------|---------------|
| 1. MONTHLY SERVICE CHARGE | 10.00         |
| 2. ALL KWH                | .0816 PER KWH |

D. DUAL FUEL RATES (SUMMER)

1. MONTHLY SERVICE CHARGE	10.00
2. ALL KWH	.090

WATER & SEWER RATES – COMMERCIAL & RESIDENTIAL – METERED

SEWER

1. MONTHLY CHARGE	20.00
2. PER THOUSAND GALLONS/USED	6.20

NON-METERED 35.00 MONTHLY

WATER

1. MONTHLY CHARGE	10.00
2. PER THOUSAND GALLONS/USED	6.04

NON-METERED 20.00 MONTHLY

RECYCLING FEE

1. MONTHLY/YELLOW BAG	5.65
2. SMALL TOTE	13.64
3. MEDIUM TOTE	15.12
4. LARGE TOTE	16.60

Energy Efficiency & Conservation Form  
Residential Rebate Form

City of Mabel  
201 South Main Street  
P.O. Box 425  
Mabel, MN 55954

Energy Star Appliance Rebates

- The appliance must have an energy star rating
- The rebate form, a copy of your invoice, and the energy star label must be submitted in order to receive a rebate as a credit on utility bill.
- Visit [www.energystar.gov](http://www.energystar.gov) to verify the energy star rating of the appliance.

The following new electric energy star rated appliances have been installed.  
Please check all that apply:

- Dehumidifier (\$25.)  
 Freezer (\$25.)  
 Clothes Washer (\$25.)  
 Refrigerator (\$25.)  
 Dishwasher (\$25.)  
 Room or air conditioner (\$25.)

Total Energy Star Appliance Rebate Amount Requested \_\_\_\_\_

Total rebate will be issued as a credit on utility bill.

Name of Utility Customer \_\_\_\_\_  
Customer Account # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WASTE HAULER FOR THE CITY OF MABEL – RICHARD’S SANITATION

GARBAGE & RECYCLE PICKUP ON WEDNESDAY MORNING

BAG SYSTEM – BAGS ARE \$ 1.75 AND \$ 5.65 RECYCLING FEE ON (UTILITY BILL). BAGS CAN BE PURCHASED AT MABEL BP AND LARSON HARDWARE

TOTE SYSTEM – MONTHLY CHARGE – SMALL \$ 13.64 MEDIUM \$ 15.12 LARGE \$ 16.60

RECYCLING GUIDE FILLMORE COUNTY:

- PAPER: NEWSPAPER, CARDBOARD, BOX BOARD, TAG BOARD, MAGAZINES, CATALOGS, JUNK MAIL, PHONE BOOKS, HARD COVER BOOKS, PAPERBACKS, COMPUTER PAPER, PAPER TOWEL TUBES, SHREDDED PAPER IN CLOSED BOX OR CLOSED PAPER BAG
- GLASS: JARS, BOTTLES, OR JUGS
- STEEL/TIN & ALUMINUM CANS: STEEL COVERS, CLEAN ALUMINUM FOIL, AND PIE PLATES
- PLASTICS: BOTTLES, JUGS, OR ICE CREAM PAILS

THIS IS A GENERAL GUIDE – RECYCLE IN A CONTAINER OR PAPER BAGS – NO PLASTIC

\*THE CITY CREW PICKS UP COMPOST ON MONDAY MORNINGS, SPRING THRU FALL.

## BUILDING OR REMODELING

IF YOU ARE LOOKING AT BUILDING/REMODELING/ADDITION (HOME OR BUSINESS), YOU WILL NEED THE FOLLOWING INFORMATION FOR A ZONING PERMIT:

1. LOCATION OF YOUR LOT LINES.
2. DIMENSIONS OF YOUR LOT.
3. DESCRIPTION OF WHAT YOU ARE BUILDING.
4. ADDRESS WHERE YOU ARE BUILDING.
5. A DRAWING OF THE BUILDING PLACED ON THE LOT SHOWING THAT THE SETBACK REQUIREMENTS HAVE BEEN MET FOR THE AREA YOUR LOT IS ZONED AS.
6. PAYMENT OF ZONING PERMIT FEE TO THE CITY OF MABEL.
7. ZONING PERMIT FROM THE CITY OF MABEL BEFORE CONSTRUCTION BEGINS.

## PET OWNER'S

PET OWNER'S WILL NEED TO LICENSE THEIR PETS AT THE 1<sup>ST</sup> OF THE YEAR AT CITY HALL.

## ANNUAL NOTICE – COLD WEATHER RULE

MINNESOTA COLD WEATHER RULE APPLIES FROM OCTOBER 15<sup>TH</sup> TO APRIL 15<sup>TH</sup>. THE RULE MEANS THAT YOUR UTILITY CANNOT DISCONNECT YOUR RESIDENTIAL ELECTRIC SERVICE DURING THE WINTER IF THE CUSTOMER MEETS THE FOLLOWING REQUIREMENT.

UTILITY DISCONNECTION WOULD AFFECT THE CUSTOMERS PRIMARY HEAT SOURCE.  
THE CUSTOMER HAS DECLARED INABILITY TO PAY  
(CUSTOMERS RECEIVING ANY FORM OF PUBLIC ASSISTANCE, INCLUDING ENERGY ASSISTANCE, ARE DEEMED TO HAVE QUALIFIED FOR INABILITY TO PAY STATUS)  
THE HOUSEHOLD INCOME OF THE CUSTOMER IS LESS THAN 50 PERCENT OF THE STATE MEDIAN INCOME LEVEL, AS DOCUMENTED BY THE CUSTOMER TO THE UTILITY; AND  
THE CUSTOMER'S ACCOUNT IS CURRENT FOR THE BILLING PERIOD IMMEDIATELY PRIOR TO OCTOBER 15<sup>TH</sup> OR THE CUSTOMER HAS ENTERED INTO A PAYMENT SCHEDULE AND IS REASONABLY CURRENT WITH PAYMENTS UNDER THE SCHEDULE.

IF YOU ARE HAVING TROUBLE PAYING YOUR UTILITY BILL, LOCAL AGENCIES MAY BE ABLE TO PROVIDE ASSISTANCE.

SEMCAC-ENERGY ASSISTANCE 1-800-944-3281  
FILLMORE COUNTY SOCIAL SERVICES 1-507-765-2175  
HEAT SHARE – SALVATION ARMY 1-507-437-4566

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APPLICATION FOR UTILITY SERVICE

OWNERS NOTICE

UNPAID UTILITY BILLS MAY BECOME A LIEN AGAINST YOUR PROPERTY. IF YOU ARE BUYING A PROPERTY YOU SHOULD ENSURE THAT THE FINAL UTILITY BILL IN THE NAME OF THE PRIOR OWNER IS PAID OR IT MAY APPEAR AS A SPECIAL ASSESSMENT ON YOUR PROPERTY TAX STATEMENT.

PREVIOUS CUSTOMER – YES \_\_\_ NO \_\_\_

OWN HOME \_\_\_\_\_ RENTAL \_\_\_\_\_

BUSINESS \_\_\_\_\_/NAME OF BUSINESS

IF RENTAL PROPERTY, OWNERS NAME \_\_\_\_\_

PLEASE LIST ALL NAMES THAT YOU WANT ON THIS ACCOUNT:

NAME \_\_\_\_\_  
LAST FIRST MI

NAME \_\_\_\_\_  
LAST FIRST MI

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
HOME CELL

EMAIL ADDRESS \_\_\_\_\_

DATE SERVICE REQUESTED \_\_\_\_\_

\_\_\_ I AM INTERESTED IN THE DIRECT PAY AUTOMATIC BILL PAYING PLAN.

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE LAST BILL.

I/WE UNDERSTAND THAT PAYMENT FOR UTILITY SERVICES IS REQUIRED IN FULL BY THE 15<sup>TH</sup> OF EACH MONTH. I/WE UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT. I/WE ALSO AGREE TO PAY A \$35.00 RECONNECT FEE FOR EACH UTILITY SERVICE IF MY THEY ARE DISCONNECTED.

CERTIFICATION

THE APPLICANT AGREES TO: COMPLY WITH THE RULES AND REGULATIONS OF THE CITY OF MABEL PUBLIC UTILITIES AND ALL OTHER MUNICIPAL ORDINANCES AS THEY PERTAIN TO THE PUBLIC UTILITIES CURRENTLY IN FORCE AND HEREINAFTER ENACTED; UNDERSTANDS THAT THE DELIVERY OF SERVICE CREATES NO LEGAL LIABILITY, EXPRESS OR IMPLIED, ON THE MUNICIPALITY; AND CERTIFIES THAT ALL THE INFORMATION IN THIS APPLICATION IS ACCURATE.

APPLICANT DATA RECORD

PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT THE CITY OF MABEL WILL BE IN COMPLIANCE WITH THE TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

IN ORDER TO MEET THE REQUIREMENTS OF THE FEDERAL REGISTER VOL. 62 NO. 210, REVISION TO THE STANDARDS FOR THE CLASSIFICATION OF FEDERAL DATA ON RACE ETHNICITY, ALL APPLICATION FORMS FOR CITY UTILITY CONNECTIONS MUST INCLUDE BELOW THE SIGNATURE AND DATE BLOCK THE FOLLOWING DISCLOSURE STATEMENTS.

PLEASE CHECK THE APPROPRIATE INFORMATION BELOW:

"THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THIS PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE RACE/NATIONAL ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME."

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

IF YOU FEEL YOU HAVE BEEN DISCRIMINATED AGAINST: TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 1400

INDEPENDENCE AVENUE SW, WASHINGTON DC, 20250-9410 OR CALL (202) 720-5964 (VOICE MAIL AND TTD).

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(A DEPOSIT IS REQUIRED OR A LETTER OF CREDIT FROM A PREVIOUS UTILITY COMPANY BEFORE SERVICE WILL BE TURNED ON.)

FOR CITY OFFICE USE ONLY

Application Received \_\_\_\_\_

Service Start Date \_\_\_\_\_

Account Number \_\_\_\_\_