



UTILITY ROUND-UP ENROLLMENT FORM

YES, I would like to participate in the Round-Up Program. I authorize the City to round-up my Utility bill to the nearest \$1 increment on the 21st day of each month. I understand I may revoke this authorization at any time by submitting a 30-day written notice to the City. Return this form to the City of Belle Plaine, 218 North Meridian Street, P O Box 129, Belle Plaine, MN 56011.

Property Address: _____

Belle Plaine, MN 56011

Signature: _____

Date: _____

218 North Meridian Street • P.O. Box 129, Belle Plaine, MN 56011

Ph. 952-873-5553 • Fax 952-873-5509

www.belleplainmn.com