

**City of Staples**  
**122 6th St NE, Staples, MN 56479**  
**Authorization Form**

Account # \_\_\_\_\_ Address \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to:

- add his/her name to my account** *(A copy of a picture ID is required for the authorized individual. Adding his/her name to the account and signing this form indicates that the individual is willing to accept responsibility for the account.)*
- discuss my account with the City of Staples** *(This includes, but is not limited to, getting billing and usage information. The individual WILL NOT be added to the account and does not accept responsibility for unpaid bills.)*

\_\_\_\_\_  
*Current Account Holder's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Individual's Signature*

\_\_\_\_\_  
*Date*