Welcome to the City of Independence, MN!

NEW RESIDENT FORM

Date Occupancy Started: _____

Name(s): _____

Address: _____

Sewer Account # (if applicable): _____

Email: _____

Phone Number: _____

TEXT OK? □ Yes □ No

PRIOR Resident Information (if known):

Name: _____

Phone Number: _____

Email: _____

RETURN YOUR COMPLETED FORM to either:

ASimon@ci.independence.mn.us

Independence City Hall
1920 County Road 90, Independence, MN 55359

Phone: 763-479-0527 | Fax: 763-479-0528