



City of Robbinsdale

UTILITY PAYMENT FORM

ACCOUNT NUMBER: _____ - _____	AMOUNT ENCLOSED: \$ _____
---	-------------------------------------

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

ROBBINSDALE, MN 55422

REMIT PAYMENT TO:

City of Robbinsdale
4100 Lakeview Ave N
Robbinsdale, MN 55422



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