|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request for Utility Bills | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | |
|  | *Landlord* | | | | | | |  | | | | | | | | |
|  | *«laddress»* | | | | | | | | | |  | | | | | |
|  | *Street Address* | | | | | | | | | |  | | | | | |
|  | *«taddress2»* | | | | | | | | | |  | | | | | |
|  | *City, State, Zip* | | | | | | |  | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | |
| I, |  | | | , reside at your property located at | | | | | | | | | |  | | |
| *(Print tenant’s name)* | | |  | | | |  | |  |  | | | | | | |
|  | | | | |  | |  | | |  | |  | | | |  |
| *(Street Address)* | | | | |  | |  | | |  | |  | | |  | |
| *«taddress2»* | | | | |  | |  | | |  | |  | | |  | |
| *(city, state, zip)* | | | | |  | |  | | |  | |  | | |  | |
|  | | | | |  |  | | | | | | |  | |  | |

As you know, I reside in a “single metered residential building” because my \_\_«utility»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bill(s) is/are based on a meter that   
*(Name utility service(s) such as electricity, water, natural gas, etc.)*  
measures my unit plus other units or common areas. I am writing to inform you that Minnesota Statute § 504B.215 Subdivision 2a. (3) requires landlords at such a building to provide past copies of actual utility bills to tenants.

Pursuant to this statute and the terms of our lease agreement, I am requesting copies of the actual utility bills for the address listed above, in addition to each apportioned utility bill during the periods of my tenancy during which I received an apportioned utility bill. Please also send utility bills for the preceding two years or the time since you acquired the building if less than two years.

Please send me the copies within 14 days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature date*