



Date: _____

Metropolitan Council | Environmental Services 390 Robert Street North St. Paul, Minnesota 55101-1805 651.602.1770 | 651.602.1030 fax

Sewer Availability Charge (SAC) 2025 MAJOR CREDIT TRANSFER Future Site Customer Community Form

Business Name:		
Current Site City Name:		
Current Site Address:		
Future Site City Name:		
Future Site Address:		
Questions:		
1. What is the number of tra	ansferred SAC units accepted by the City (as approved by	
SAC		
71 1	permit issued to activate the SAC Credit Transfer? Surrent Monthly SAC Activity Report at the time of permit issuance.	
☐ Certificate of Occu	pancy	
\square Utility Connection	Permit	
☐ Building Permit		
☐ Other, please spec	ify	
	* * * *	
further understand that by transferring Disposal System for this location and the	erstood this form and that the answers are true to my knowledge and belithese SAC credits we are giving up reserved capacity in the Metropolitan at this transfer of SAC credits is irrevocable. I understand that if redevelops what remain after the transfer, our City will be required to pay SAC for the time of the development.	ment
Print Name of Government	Official:	
Title of Government Official MUST be City Administrator/Manager of		
Signature of Government Of	fficial:	