

APPLICATION FOR UTILITY SERVICE

Utility Use

(Please Print)

Account No.

Name of Person Responsible for Account

Date of Application

Business Name

Service Address

Mailing Address

Previous Address

Home Phone Cell Phone Work Phone

Social Security # or EIN Current Employer

Have you ever had service with this Utility before? Yes No

If yes, in what name?

Are you 18 years of age or older? Yes No
If not, are you an emancipated minor? Yes No

Own Home Rent or Lease
Foreclosed Property Mngmnt

Rent or Lease - Complete section below if you are renting or leasing
Name of Landlord

Property Owner Verification - Complete section below if you are a property owner
Date Purchased Contract for Deed Yes No
Purchased From

Utility Use
Amount of Deposit \$
Paid To by paid by
Guaranteed
Ownership documentation
Property Management documentation
Mortgagor Lockbox

I hereby request utility service from the Department of Public Utilities in Virginia, MN for the service address above. I agree to pay all charges for such service on or before the due date printed on the bill. I also agree to use said electricity, water, gas, steam and meters strictly in accordance with the Rules and Regulations of said Department and adhere to all other rules and regulations as though printed hereon in full. I hereby certify the above information I have provided is correct and true.

Signed

For Utility Use Only:

Previous Utility Account DL/Photo ID Witnessed Guarantee Received
Write Off List Deposit No Work Order Written

Application Taken by

Application for Utility Service - Revised 2/28/12

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