

**APPLICATION FOR UTILITY SERVICE
WASECA UTILITIES
WASECA, MN**



ACCOUNT NO. _____

DEPOSIT AMT. \$ _____

APPLICANT: _____

SOCIAL SECURITY NO. _____
(Voluntary Disclosure)

SERVICE ADDRESS: _____

DATE OF BIRTH: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PH: _____

NAMES OF OTHER ADULTS LIVING IN RESIDENCE: _____

OWN: ___ RENT: ___ LANDLORD NAME: _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

EMPLOYMENT (SELF): _____ HOW LONG: _____

EMPLOYMENT ADDRESS: _____

EMPLOYMENT (SPOUSE/OTHER): _____ HOW LONG: _____

EMPLOYMENT ADDRESS (SPOUSE/OTHER): _____

I assume personal responsibility for the payment of all utility bills in my name or as this applicant's agent. I agree to pay all legal and collection fees if incurred. If legal action is necessary, I agree to go to court in Waseca County. Any deposit monies and/or payments may be applied to any outstanding unpaid utility bills in my name. I declare that I am at least 18 years of age and that the above information is true and correct to the best of my knowledge. Two forms of personal identification are required to establish utility service. At least one form of personal identification is copied for City records which does not include personal financial account information. Voluntary disclosure of the applicant's social security number is requested as optional account identification and possible disclosure to a credit collection agency under contract with the City of Waseca, and as authorized by City of Waseca Resolution 11-42. If household members require electricity for medically necessary equipment, please read MN Statute 216B.098 regarding protections and requirements.

APPLICANT/AGENT SIGNATURE

DATE