APPLICATION FOR UTILITY SERVICE

City of Truman Truman, Minnesota

Electric – Water – Wastewater

I hereb	by make application for s	ervice for the following property	of which
I am th		RENTER located at:	
	Address:		Apt. #:
	Occupancy date:		
	Name of person person	ally responsible for utilities at the	premises as primary obligor:
	(LAST)	(FIRST)	(MIDDLE)
	(Social Security #)	(Driv	vers License #)
	Phone #:		
	Place of employment: _	(Your employer)	Phone #:
	(Spouse/Partner name)	(Spouse/partner's employer)	Phone #:
		e and make payments according to the r	ules of the City of Truman.
Signat	ure:		Date:
In		or, the undersigned does personally and t for charges of utility services to the pre	
Signat	ure:		Date:
Name	(Print):		
		IAV BESHI T IN DISCONNECTING	

FAILURE TO RESPOND MAY RESULT IN DISCONNECTING PRESUMED IDLE METERS

TENNESSEN WARNING / WAIVER OF CLAIMS

As an applicant for utility services by the City of Truman, Truman, Minnesota, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as a part of the application, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from receiving services.

I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities and by other persons, for the purpose of establishing credit worthiness.

I therefore, waive my right to claim and hereby agree to hold harmless the City of Truman, Truman, Minnesota and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed:	Date:
Printed Name:	
Witness:	Date:

**I authorize the City of Truman to release information to my landlord regarding utility service disconnections.

Initials