

Acct # _____

APPLICATION FOR UTILITY SERVICE

City of Truman

Truman, Minnesota

Electric – Water – Wastewater

I hereby make application for service for the following property of which
I am the OWNER RENTER located at:

Address: _____ Apt. #: _____

Occupancy date: _____

Name of person personally responsible for utilities at the premises as primary obligor:

Name (/First/Middle/Last) _____

SS# _____ Drivers Lic # _____

Phone #: _____

Employer: _____ Phone #: _____

Spouse/Partner name _____ Phone #: _____

Business Name: _____

Tax ID #: _____

Billing Name/Address: _____
(if different than above)

I agree to use the service and make payments according to the rules of the City of Truman.

Signature: _____ Date: _____

In addition to the primary obligor, the undersigned does personally and unconditionally guarantee the due and punctual payment for charges of utility services to the premises described above:

Name (Print): _____

Address: _____

City, State, Zip: _____

Phone #: _____ SS#: _____

Signature: _____ Date: _____

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