

APPLICATION FOR UTILITY SERVICE

City of Truman
Truman, Minnesota

Electric – Water – Wastewater

INFORMATION REQUIRED TO ESTABLISH SERVICE

I hereby make application for service for the following property of which

I am the renter ____ or owner ____ located at:

Address: _____ Apt. #: _____

Occupancy date: _____

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

(LAST)

(FIRST)

(MIDDLE)

(Social Security Number)

(Drivers License Number)

Place of employment: _____ Phone #: _____
(Your employer)

(Spouse/Partner name) _____ Phone #: _____
(Spouse/Partner's employer)

Home Phone #: _____

Previous Address: _____

I agree to use the service and make payments according to the rules of the Truman Public Utilities Commission.

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:

Signature: _____ Date: _____

Name: _____

Address: _____ City, State, Zip: _____

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: _____