

Application for Utility Services

Type of Services Requested:

Electric _____	\$50.00 Deposit
Water _____	\$25.00 Deposit
Sewer _____	\$25.00 Deposit

Current Information:

Name of Customer _____

Married: Yes _____ No _____ Spouse's Name _____

Address of Customer _____

***REQUIRED* Social Security Number** _____

Driver's License or I.D. Number **Attach a photocopy of DL to form**

Your Telephone Number _____

Your Place of Employment _____

Employer's Telephone Number _____

Other Information:

Name to Contact to reach you _____

Relationship _____ Phone _____

Address _____

City/State/Zip _____

Miscellaneous Information:

Date services are to be connected _____

Landlord's Name _____ Phone Number _____

I hereby acknowledge the above information is true to the best of my knowledge. I also acknowledge that I give this information freely and give my permission to the City of Granite Falls to verify any information I have given. I FURTHER UNDERSTAND THAT IF I FAIL TO PAY MY FINAL UTILITY BILL WITHIN 15 DAYS OF BECOMING PAST DUE, THAT THE CITY MAY USE MY UTILITY DEPOSIT TO PAY COLLECTION FEES INCURRED BY THEM IN COLLECTING THE FULL AMOUNT DUE.

Signature _____ Date _____

City of Granite Falls 641 Prentice Street Granite Falls, MN 56241
An Equal Opportunity Employer & Provider

"NOTICE OF RIGHTS - TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Granite Falls, Minnesota, is required to inform you of your rights as they pertain to the private information collected from you. Your personal information we collect from you is private and access to this information is only available to you and the agency collecting the information and other statutorily authorized agencies unless you or a court authorizes its release.

The Minnesota Government Data Practices Act requires that you be informed that the information on the hereto attached application for utility services, which you are being asked to provide, is considered private.

The purpose and intended use of the requested information is as follows:

- A. To maintain complete and accurate information regarding the City's utility customers; and
- B. To assist the City in providing necessary and appropriate billing to its utility customers and undertaking such actions as may be necessary to collect payment for such utility services.

Authorized persons or agencies with whom this information may be shared include the following:

Courts of competent jurisdiction and other appropriate government entities and/or agencies, as well as individuals, both public and private, as may be deemed necessary by the City to operate and maintain its municipal utilities system and to collect payment for services rendered to customers by said system.

You may refuse to provide the information requested, but in the event you refuse to do so, the City is not required to provide utility services to you pursuant to your attached application.

Name

Date

Landlord Information:

Name _____

Address: _____

Telephone Number _____