

GRAND MARAIS PUBLIC UTILITIES
SERVICE APPLICATION
P.O. BOX 600, GRAND MARAIS, MN 55604
PHONE (218) 387-1848

Tennesen Warning: Personal Information we collect about you is private and not available to the public. The information is required in order to:

- Distinguish you from all other applicants for service and to identify you in the account files;
- Enable us to verify that you are the individual making the application and to determine your credit status for receipt of services
- To enable us to contact you if additional information is required, to send you appropriate notices, and to schedule service or maintenance calls;
- To enable us to collect monies due and owing from you to Grand Marais Public Utilities for services and equipment provided.

Refusal to supply the requested information may result in your application for services being denied. The information you provide to us will not only be used within Grand Marais Public Utilities but may also be provided to credit or collection agencies to determine your credit rating or to assist in collecting on your account for services should it become delinquent. The collection information may also be provided to law enforcement personnel if requested by them.

In accordance with MN Statutes Sections 13.03 and 13.04, I acknowledge by signing this application form that I have been informed of and understand my rights under Minnesota Government Data Practices Act and hereby consent to the release of the above information for those purposes as stated herein.

NEW CUSTOMER	PRIOR CUSTOMER	DATE TO START SERVICE	SERVICE ADDRESS			
LAST NAME		FIRST NAME	MIDDLE INITIAL	CO-APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL
CELL PHONE			CO-APPLICANT'S CELL PHONE			
SOCIAL SECURITY NUMBER		BIRTHDATE	CO-APPLICANT'S SOCIAL SECURITY NUMBER		BIRTHDATE	
PRESENT EMPLOYER			CO-APPLICANT'S PRESENT EMPLOYER			
EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP)		EMPLOYER'S PHONE	EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP)		EMPLOYER'S PHONE	
MAILING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS)		HOME PHONE	OWNER	RENTER		
EMAIL						
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			PREVIOUS ACCOUNT NUMBER			
EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER			

COMMERCIAL/INDUSTRIAL

BUSINESS NAME		CONTACT PERSON, TITLE	
BUSINESS ADDRESS	MAILING ADDRESS	PHONE NUMBER	

I agree that all statements contained in this application are true and correct. I also agree to pay all costs and expenses incurred by this agreement, including reasonable attorney fees, in the collection of any debt. I further agree to the terms and conditions applicable to the provision of electric, water and sewer service from Grand Marais Public Utilities. I understand the terms and conditions herein provided are not to be considered all inclusive and that other terms and conditions of Grand Marais Public Utilities and Grand Marais City Code are incorporated herein by reference.

CUSTOMER OR AUTHORIZED SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE		DATE	
Landlord's Name			Landlord's Phone			
Landlord's Address						
Type of Service	Residential	Commercial	Utility	Electric	Water	Sewer

SECURITY DEPOSIT

Prior Customer	Date Paid _____
Reference	Deposit Amount \$ _____
Letter of Credit	Paid By _____