

**OWNER/BUYER**

# City of Granite Falls



## \* Application for Utility Services \*

Service Type Requested: RESIDENTIAL  COMMERCIAL

Services Requested: ELECTRIC  \$50.00 Deposit

WATER  \$25.00 Deposit

SEWER  \$25.00 Deposit

**FOR OFFICE USE ONLY**

Utility Account #: \_\_\_\_\_

Deposit Paid: Amount \$ \_\_\_\_\_ & Date \_\_\_\_\_

### Current Information:

Name of Customer(s) \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**\*\* REQUIRED \*\*** Minnesota Federal Tax ID # \_\_\_\_\_ Or: \_\_\_\_\_

**Social Security Number(s)** \_\_\_\_\_ / \_\_\_\_\_

Driver's License(s) or I.D. Card(s) **Attach a photocopy of Driver's License(s) or I.D. Card(s).**

Telephone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Place(s) of Employment \_\_\_\_\_

Employer's Telephone Number(s) \_\_\_\_\_

### Other Information: (relative, friend, etc.)

Name of Contact to reach you \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Miscellaneous Information:

Date services are to be connected **or** Move in date \_\_\_\_\_

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