

APPLICATION FOR UTILITY SERVICE

CITY OF CALEDONIA, MN

I (we) hereby make application for Utility Service (Water, Sanitary Sewer and Electric) to the City of Caledonia and agree:

- To accept, comply and be legally bound by such policies, rules, regulations and rates as may be adopted by the City Council or are required by law or government regulation.
- That I (we) am/are at least 18 years of age and all information provided is complete and correct.
- To immediately notify the City of any changes to this information.
- To be responsible for the utility accounts from the connect date to the time I (we) notify the City to disconnect or discontinue service.
- I (we) understand that each person, 18 years of age and older who is an occupant of this residential household, is jointly and severally liable for payment of all utility account deposits and charges.
- I (we) understand that harboring another party who has an unpaid balance owing to the City will subject this household unit to disconnection of the electric meter, shut-off of water service, and the like.
- I (we) understand that preparing a fraudulent Application may result in payment of an additional security deposit or disconnection of utility service.

Service Address: _____

Household telephone # _____ Mobile # _____

Previous utility provider: _____

	<u>Occupant # 1</u>	<u>#2</u>	<u>#3</u>
Name	_____	_____	_____
Social Security #	_____	_____	_____
Emergency/Work Phone	_____	_____	_____

() Own () Rent: If renting or leasing or purchase contract, property Owner's Name, Address and Phone Number.

Signatures of each Applicant/Occupant for service:

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

(If more space is required, please use back of form.)

FOR CITY CLERK'S OFFICE USE ONLY

NOTICE OF INDIVIDUAL VACATING HOUSEHOLD UNIT OR NOTICE TO DISCONTINUE SERVICE

Individual's Name	Staff Initials	Date
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Individual's Name	Staff Initials	Date
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Individual's Name	Staff Initials	Date
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