CITY OF WADENA CUSTOMER SERVICE APPLICATION

PLEASE PRINT

NAME(S)_____ APPLICATION DATE_____
(Last) (First) (Middle) MN DL #_____

ADDRESS MOVING INTO_____ DATE RENT BEGINS_____

PHONE NUMBER (New Residence)_____ SOCIAL SECURITY #_____
SOCIAL SECURITY #_____

Are you a: *****PLEASE CHECK ONE*****
HOMEOWNER_____ RENTER_____ CONTRACT FOR DEED_____
NAME OF LANDLORD_____
LAST ADDRESS OF RESIDENCE:
_____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)
EMPLOYED: YES_____ NO_____
EMPLOYER'S NAME_____ PHONE NUMBER_____
_____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)
STUDENT: YES_____ NO_____ SCHOOL ATTENDING_____
PROPOSED LENGTH OF SCHOOLING_____ NAME OF CLASS_____

NAMES & ADDRESSES OF TWO NEAREST LIVING RELATIVES (Other than spouse)

(Please list persons who live at *different addresses*)

NAME_____ ADDRESS_____
CITY_____ STATE_____ ZIP CODE_____ PHONE #_____

NAME_____ ADDRESS_____
CITY_____ STATE_____ ZIP CODE_____ PHONE #_____

BILLING & DEPOSIT INFORMATION

Billing date is the 1st of each month. Bills may be paid until the 15th of the month without penalty. A late charge of 5% or a minimum of $1.00 will be added after the 15th of the month. Service will be cut for non-payment of any bills unless this office is contacted and arrangements are made for payment.

All required deposits shall be in an amount equal to the two highest months bills out of the last consecutive (active) 12 months with a minimum of $100.00. Deposit will earn interest. The deposit shall be refunded after payment of final billing or upon two years of satisfactory credit with the City of Wadena.

If you have any questions, comments or suggestions concerning your billing for your service you may call the billing office at 218-631-7707. Our aim is to provide you with dependable service at the lowest cost possible.

CUSTOMER'S SIGNATURE_____

For Office Use Only:
DEPOSIT REQUIRED:_____ DEPOSIT PAID: YES_____ NO_____ DATE PAID_____

GOOD CREDIT HISTORY: YES_____ NO_____