

# WORTHINGTON PUBLIC UTILITIES

## RESIDENTIAL APPLICATION FOR UTILITIES AND SERVICES

LAST NAME	FIRST NAME	MIDDLE	DATE OF APPLICATION
MAILING ADDRESS		APT #	DATE SERVICE DESIRED
CITY	STATE	ZIP CODE	( ) OWN ( ) RENT
DRIVER'S LICENSE NUMBER		SOCIAL SECURITY NUMBER	DATE OF BIRTH
TELEPHONE NUMBER		SPOUSE'S NAME	SPOUSE'S TELEPHONE
SPOUSE'S DRIVER'S LICENSE NUMBER		SPOUSE' SOCIAL SECURITY NUMBER	SPOUSE'S DATE OF BIRTH
SERVICE ADDRESS (IF DIFFERENT FROM ABOVE)			AUTOMATIC PAYMENT ( ) YES ( ) NO

PREVIOUS ADDRESS (NUMBER & STREET)	CITY & STATE	HOW LONG
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EMPLOYED BY	HOW LONG
EMPLOYER'S ADDRESS	CITY & STATE
TELEPHONE NUMBER	
SPOUSE EMPLOYED BY	HOW LONG
EMPLOYER'S ADDRESS	CITY & STATE
TELEPHONE NUMBER	

EMERGENCY CONTACT	ADDRESS	TELEPHONE NUMBER
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I / WE HEREBY APPLY FOR UTILITIES AND SERVICES REQUIRED UNDER THE TERMS AND CONDITIONS AS APPROVED BY THE WATER AND LIGHT COMMISSION AND AGREE TO PAY FOR THE SAME AT THE APPROVED RATES. I / WE UNDERSTAND THAT WORTHINGTON PUBLIC UTILITIES MAY, UPON MY / OUR REQUEST, PROVIDE SERVICES TO SUBSEQUENT ADDRESSES WITHOUT MY / OUR NEED TO REAPPLY FOR SERVICES. SUCH TRANSFERS WILL BE CONSIDERED ONLY IF MY / OUR ACCOUNT IS IN GOOD STANDING WITH WORTHINGTON PUBLIC UTILITIES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### THIS SECTION FOR OFFICE USE ONLY

ACCOUNT NUMBER _____	DEPOSIT AMOUNT _____
FIRST NAME _____	DEPOSIT DATE _____
LAST NAME _____	CREDIT REFERENCE ( ) YES ( ) NO
ADDRESS LINE 1 _____	COMMENT _____
ADDRESS LINE 2 _____	
CITY WORTHINGTON OR _____	SERVICES REQUIRED
STATE / ZIP MN 56187 OR _____	( ) ELECTRIC
SERVICE ADDRESS _____	( ) WATER
AUTO PAY PLAN _____	( ) SEWER
PENALTY EXEMPT	( ) GARBAGE
N (CALCULATE PENALTY)	( ) RECYCLE BIN
Y (EXEMPT FROM PENALTY)	