

**APPLICATION FOR UTILITY SERVICE**

**TRUMAN PUBLIC UTILITIES COMMISSION**

**Truman, Minnesota**

**Electric – Water – Wastewater – Recycling**

**INFORMATION REQUIRED TO ESTABLISH SERVICE**

I hereby make application for service for the following property of which

I am located at:

Address:

Apt. #:

Occupancy date:

Name of person personally responsible for utilities at the premises as primary obligor:

(LAST)

(FIRST)

(MIDDLE)

(Social Security Number)

(Drivers License Number)

Place of employment:

(Your employer)

Phone #:

(Spouse/Partner name)

(Spouse/Partner's employer)

Phone #:

Home Phone #:

Previous Address:

*I agree to use the service and make payments according to the rules of the Truman Public Utilities Commission.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*In addition to the primary obligor, the undersigned does personally and unconditionally guarantee the due and punctual payment for charges of utility services to the premises described above:*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name:

Address:

City, State, Zip:

**FAILURE TO RESPOND MAY RESULT IN DISCONNECTING PRESUMED IDLE METERS**

**TENNESSEN WARNING / WAIVER OF CLAIMS**

As an applicant for utility services by Truman Public Utilities in the City of Truman, Minnesota, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as a part of the application, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from receiving services.

I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities and by other persons, for the purpose of establishing credit worthiness.

I therefore, waive my right to claim and hereby agree to hold harmless Truman Public Utilities and the City of Truman, Minnesota and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_