

Date Deposit Received: _____ Date Meter Read _____
Amount Paid: _____ Electric _____
Receipt / Invoice #: _____ Water _____



**CITY OF JANESVILLE, MN
MUNICIPAL UTILITIES
PHONE: 507.234.5110 FAX: 507-234-5236
APPLICATION FOR SERVICE**

I/We hereby make application for the following services for the premises located:

Street Address: _____ Service Effective _____
Apt. # / Lot #: _____ Date _____
 Electric Sewer Water Recycling

Applicant responsible for these bills/mailling address:

Name: _____ Home Phone #: _____
Name 2: _____ Cell Phone #: _____
Address: _____ Email: _____
Box #: _____ City: _____
State: _____ Zip: _____

I/We agree to pay a meter deposit of \$ _____ as required by the Public Utilities Commission.
Residential \$150.00 Commercial \$200.00 Can be higher if deem credit risk.

- I/We are purchasing the property
- I/We are renting the property (list landlord) _____
- I/We are contract for deed (list contract holder) _____
- Event of death , marriage, or divorce (circle which one) requiring a name change or removal of person on the account (no new deposit required)

I/We hereby consent to allow utility personnel to enter my/our premises to read meters and/or repair utility property as the need arises.

I/We agree to be responsible for any damage caused to City property as a result of negligence or carelessness on my/our part.

I/We hereby agree to be bound by all Rules and Regulations as prescribed, from time to time, by the Public Utilities Commission and the City Council of the City of Janesville.

I/We hereby guarantee payment of any/all bills in the above named account until notifying the Municipal Utilities in writing to discontinue the services

Signed: _____ Date: _____

Employer _____ Copy of Photo ID Required

Employer _____
Address: _____ **ACCT #** _____