

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



**CITY OF JANESVILLE, MN  
MUNICIPAL UTILITIES  
PHONE: 507.234.5110 FAX: 507-234-52326  
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/ mailing 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 #** \_\_\_\_\_