

WORTHINGTON PUBLIC UTILITIES

RESIDENTIAL APPLICATION FOR UTILITIES AND SERVICES

NAME (LAST, FIRST, MIDDLE INITIAL)		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 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

NEAREST RELATIVE NOT LIVING WITH YOU	RELATIVE'S 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	N (CALCULATE PENALTY)	() GARBAGE	
	Y (EXEMPT FROM PENALTY)	() RECYCLE BIN	