

Thief River Falls Municipal Utilities Residential Application for Utilities Service

Name (Last, First, M.I.)	Move In Date
Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent
If new owner, Contract for Deed Y N	If Renting, Landlord's Name and Address

List all adult occupants	1	2	3
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(If more than 3 occupants, list on back)

Driver's License Number	Social Security Number	Date of Birth	
Home Telephone Number	Work Telephone Number	Cell Phone Number	Email Address
Employer Name & Address			How Long

Co-Applicant Name	Co-Applicant Driver's License #	Co-Applicant Social Security #	
Co-Applicant Date of Birth	Co-Applicant Telephone #	Co-Applicant Cell Phone #	Co-Applicant Email Address
Co-Applicant Employer Name & Address			How Long

If Student, Name of Parent(s)	Address (Street & City)	Telephone Number
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Have You (or Co-Applicant) Previously Had An Account With Us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Month (s) & Year(s)
If Yes, Under What Name(s)	

DATA PRIVACY NOTICE

The Minnesota Data Practices Act (Minnesota Statutes 13.04, Subdivision 2) requires when you are requested to provide private or confidential data about yourself, you must be informed of the following information:

- A) The purpose and intended use of the requested information;
- B) Whether you may refuse or are legally required to supply the information;
- C) Any known consequence to you of providing the information or refusing to provide the information; and,
- D) The identity of other persons or agencies authorized by State or Federal Law to receive the data.

In accordance with the Minnesota Government Data Practices Act, the Thief River Falls Municipal Utilities advises our customers of the following:

The information you provide on this application is private data and not available to the public. The information you supply on this application will be used for the following reasons:

- To distinguish you from all other applicants for service and to identify you in our account files.
- To enable us to verify that you are the individual making application and to determine your credit status for receipt of services.
- To enable us to contact you if additional information is required, to send you appropriate notices, and/or to schedule service or maintenance calls:
- To enable us to collect monies due and owing from you to the Thief River Falls Municipal Utilities for services and equipment provided.

You are not legally required to provide this information, but we will not be able to establish an account without it. The information you provide may be accessible to the following persons or entities:

- 1) You and persons who have your express written consent;
- 2) City of Thief River Falls officials and staff members who have a need to know about the information in the course of their duties or responsibilities;
- 3) A law enforcement agency that requests access to the data in connection with an investigation;
- 4) Credit or collection agencies to determine your credit rating or to assist in collecting on your account for services should it become delinquent.

In accordance with MN Statutes Sections 13.03 & 13.04, I acknowledge by signing this application form that I have been informed of and understand my rights under the Minnesota Government Data Practices Act and hereby consent to the release of the above information for those purposes as stated herein.

The information provided herein is accurate and no attempt has been made to misrepresent the data. I hereby authorize the Thief River Falls Municipal Utilities, or any credit bureau or other investigative agency employed by them, to investigate any reference herein listed, or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I agree that if any information is false or altered, the Thief River Falls Municipal Utilities has the right to disconnect my utility service without further notice. I authorize the Thief River Falls Municipal Utilities to receive and retain credit information that I have provided on this application.

Please read included Deposit Policy

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Additional Occupants

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