

## Hawley Public Utilities

305 6<sup>th</sup> St, PO Box 69

Hawley, MN 56549

218-483-3331

### **Application for Utilities**

Please fill out the application completely, sign & return with copies of photo id/drivers license to the address above.

Failure to complete and return this service application may result in service delay or interruption.

Today's Date: \_\_\_\_\_ Service Start Date: \_\_\_\_\_

1. Applicant is: \_\_\_\_\_ Owner \_\_\_\_\_ Renter

2. Applicant Name: \_\_\_\_\_

\*3. Applicant Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Service Address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

7. Name of Co-Applicant: \_\_\_\_\_

\*8. Co-Applicant Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Co-Applicant Cell Phone #: \_\_\_\_\_

### **Past Service Information**

Previous Address: \_\_\_\_\_

Previous Utility Company: \_\_\_\_\_

Own or Rent? \_\_\_\_\_

If rent, Landlord: \_\_\_\_\_  
(Name) (Address) (Telephone #)

### **For office use only:**

Date Service Deposit Received: \_\_\_\_\_ Date Credit Reference Received: \_\_\_\_\_

Date Service Deposit Returned: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

