

405 2<sup>nd</sup> Avenue West  
Halstad, MN 56548

Halstad Municipal



Utilities

218-456-2128  
utilities@rrv.net

## Application for Service

### APPLICANT INFORMATION *(Please Print)*

Billing Name: \_\_\_\_\_ Possession Date: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICANT SPOUSE OR CO-APPLICANT

Name: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NEAREST RELATIVE *(Not living with you)* Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own this property?  Yes  No If no, please complete:

Property owner name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To protect customers from fraud, applications need to be signed and accompanied by a photo ID.**

### ACCOUNT INFORMATION *(Internal Use Only)*

Account No.: \_\_\_\_\_ Location Description: \_\_\_\_\_

Meter Deposit?  Yes  No If yes, amount of Deposit: \_\_\_\_\_

Date Service Ended: \_\_\_\_\_

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### Tennessee Warning

In your application for service from the Halstad Municipal Utilities, you are asked to provide certain information about yourself. Under the Minnesota Government Data Practices Act, we are required to advise you of the following in regards to the use of your information.

- Our purpose and intended use for the information you provide is to be able to supply utility services to you. We will also use your information for collecting any delinquent charges on your account.
- You are not legally required to provide the information requested. However, we may refuse to provide you with service if you fail to provide the requested information.
- Your private information will only be provided to the Halstad Municipal Utilities employees whose work requires access to the information.

**Please read the above information before signing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_