405 2nd Avenue West Halstad, MN 56548



218-456-2128 utilities@rrv.net www.halstad.com

Application for Service

APPLICANT INFORMATION (Please Print)

Billing Name:	Possession Date:		
First	Middle Last		
Mailing Address:	D	ate of Birth:	
City:	State:	Zip:	
Social Security Number:	Driver's License #/Sta	ite:	
Home Phone:	Work Phone:		
Cell Phone:	E-mail:		
Previous Address:			
City:	State:	Zip:	
APPLICANT SPOUSE OR CO-A	PPLICANT		
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 cor	nplete:	
Property owner name:			
Phone:	Address:		
City:	State:	Zip:	
To protect customer accompanied by a pl	rs from fraud, application hoto ID.	s need to be signed and	
ACCOUNT INFORMATION (In	nternal Use Only)		
Account No.:	Location Description:		
Meter Deposit? 🗋 Yes 🗖	No If yes, amount of Deposit: _		
Date Service Ended:			

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Tennessen 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: