

Office Use Only:

Date Deposit Received: \_\_\_\_\_ Date Meter Read \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Electric \_\_\_\_\_

Receipt / Invoice #: \_\_\_\_\_ Water \_\_\_\_\_



**APPLICATION FOR SERVICE**  
**PHONE: 507.234.5112 FAX: 507-234-5236**  
**EMAIL: UTILITYBILL@JANESVILLEMN.GOV**  
**WWW.JANESVILLEMN.GOV**

I/We hereby make application for the following services for the premises located:

Street Address: \_\_\_\_\_ Service Effective \_\_\_\_\_

Apt. # / Lot # : \_\_\_\_\_

Electric     Sewer (Sanitary & Storm)     Water

Applicant responsible for these bills/mailling address:

Name : \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Name 2: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

PO Box #: \_\_\_\_\_ City: \_\_\_\_\_

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

I/We agree to pay a meter deposit of \$ \_\_\_\_\_ as required by the Public Utilities Commission.  
*Residential \$150.00 Commercial \$200.00 Can be higher if deem credit risk.*

- I/We are purchasing the property
- I/We are renting the property (list landlord) \_\_\_\_\_
- I/We are contract for deed (list contract holder) \_\_\_\_\_
- Event of death , marriage, or divorce (circle which one) requiring a name change or removal of person on the account (no new deposit required)

I/We hereby consent to allow utility personnel to enter my/our premises to read meters and/or repair utility property as the need arises.

I/We agree to be responsible for any damage caused to City property as a result of negligence or carelessness on my/our part.

I/We hereby agree to be bound by all Rules and Regulations as prescribed, from time to time, by the Public Utilities Commission and the City Council of the City of Janesville.

I/We hereby guarantee payment of any/all bills in the above named account until notifying the Municipal Utilities in writing to discontinue the services

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Copy of Driver(s) License Required