



Brainerd Public Utilities  
 8027 Highland Scenic Rd  
 P.O. Box 373  
 Brainerd, MN 56401-0373  
 Phone (218) 829-8726  
 Fax (218) 829-4703

<b>Military Service Personnel        Payment Schedule Arrangement        Brainerd Public Utilities Customers</b>	
<b>Brainerd Public Utilities Acct #:</b> _____	
<b>Date:</b> _____	<b>20</b> _____

**Please Print**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ Brainerd, MN 56401

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone** (\_\_\_\_) \_\_\_\_\_

**Total Amount Owing \$** \_\_\_\_\_ **Total Annual Household Income \$** \_\_\_\_\_

**Number of persons in household (including yourself)** \_\_\_\_\_

**AN APPLICATION RECEIVED WITHOUT COPIES OF YOUR INCOME INFORMATION AND  
 PROOF OF MILITARY ORDERS WILL BE CONSIDERED INCOMPLETE; AND YOU WILL NOT  
 RECEIVE SHUT OFF PROTECTION.**

*Source of Income—Please select appropriate boxes*

- |   |   |
|---|---|
| <input type="checkbox"/> Your payroll stubs for the past two months | <input type="checkbox"/> A current copy of your unemployment benefits |
| <input type="checkbox"/> Pension/Retirement benefits statements     | <input type="checkbox"/> Income Tax Returns for the previous year     |
| <input type="checkbox"/> Other                                      | <input type="checkbox"/> Social Security/Social Security Disability   |
| <input type="checkbox"/> AFDC/MFIP (MN Family Investment Program)   | <input type="checkbox"/> Medical Assistance Statement                 |
| <input type="checkbox"/> General Assistance                         |   |

*Check if either of the following exist in your home:*

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Medical Assistance Statement |
|--|---|

**CALL BRAINERD PUBLIC UTILITIES WITHIN 14 CALENDAR DAYS AFTER SUBMITTING THIS  
 NOTICE TO VERIFY YOUR STATUS AND TO MAKE ANY NECESSARY PAYMENT  
 ARRANGEMENTS AT 218-825-3223.**

**By signing this form, I hereby authorize any gas or electric utility that serves us to exchange billing  
 information. I acknowledge that I have received, read, and understand the enclosed rules for  
 Military Personnel. I attest the above information is true and correct.**

**Customer Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete and mail this form and copies of income and proof of military orders to:**

**Brainerd Public Utilities  
 PO Box 373  
 Brainerd, MN 56401**