



Brainerd Public Utilities (BPU)
8027 Highland Scenic Road
PO Box 373
Brainerd, MN 56401
218-829-8726—PHONE
218-829-4703—FAX

***** OFFICE USE ONLY *****

Customer Name: _____

Account # _____

BPU Service Address: _____

UTILITY CREDIT REFERENCE

The use of a credit reference instead of paying a deposit is subject to the approval of Brainerd Public Utilities. In order for a deposit to be waived, customers must have a record of paying their utility bills on time for at least 11 of 12 consecutive months, and have not had any N.S.F. checks during this time. Service must have been established in your name within the last 12 months.

AUTHORIZATION TO DISCLOSE ACCOUNT INFORMATION

PREVIOUS UTILITY INFORMATION

Name of prior and/or current utility company: _____

Prior or current utility company Address: _____

Service Address _____

Name on Account (Please Print) _____ Account # _____

I hereby authorize the release of credit information, as requested by Brainerd Public Utilities, regarding my credit standing while I was receiving service from your utility during the past 12 months.

Signature _____

CREDIT REFERENCE

(The following is to be completed by the utility company that is providing information)

DATE SERVICE BEGAN _____ DATE SERVICE STOPPED _____

IN THE LAST 12 MONTHS :

NUMBER OF PENALTIES CHARGED: _____

NUMBER OF DELINQUENT NOTICES: _____

NUMBER OF DISCONNECT NOTICES: _____

NUMBER OF TIMES SERVICE WAS DISCONNECTED FOR NON-PAYMENT: _____

NUMBER OF NSF/ACH RETURNED: _____

FINAL BILL _____ Paid _____ Unpaid _____ N/A

Signature of Credit Representative _____

Contact Telephone Number _____