



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

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

Date Received ___/___/20 Received By _____ Service Order Created _____
 App Info Entered _____ Online Credit Ck _____ Disconnect S/O for old address _____
 Letter of Credit Received: _____ Approved _____ Not Approved _____ Scanned _____

**UTILITY BILLING APPLICATION
 RESIDENTIAL**

Please Print Clearly

RENTING

NEW OWNER

Today's Date ___/___/ **20** **Date to Begin New Service** ___/___/ **20**

Service Address _____ Brd, MN 56401 **Apt #** _____

Mailing Address (If different from Service Address) _____

Bill Delivery Options: Mail Email Email Address _____ Both

RENTER INFORMATION

Landlord's Name _____ **Landlord's Telephone # ()** _____

Please list name and ages of ALL occupants: _____

NEW OWNER INFORMATION

Sellers Name: _____ **Is this a Contract for Deed?** _____

Will this be your primary residence? _____ **Will this be a rental property?** _____

Is this a short term investment (Flip) property? Yes No

Are you currently a BPU customer moving from another BPU address? Yes No

Current BPU address _____

Do you need the services terminated at this address? Yes NO

Date to terminate services at current address: ___/___/ **20**___

APPLICANT

Last Name _____ **First Name** _____ **MI** _____

Social Security # _____ **Date of Birth** ___/___/___

Home # (_____) _____ Cell # (_____) _____ E-Mail _____

Employer's Name _____ **Work # (_____) _____**

Emergency Contact (not living with applicant) _____ **Relationship** _____

Emergency Contact Address _____
Street Address City State Zip

Emergency Contact Telephone # (_____) _____

CO-APPLICANT

Last Name _____ **First Name** _____ **MI** _____

Social Security # _____ **Date of Birth** ___/___/___

Home # (_____) _____ Cell # (_____) _____ E-Mail _____

Employer's Name _____ **Work # (_____) _____**

Emergency Contact (not living with applicant) _____ **Relationship** _____

Emergency Contact Address _____
Street Address City State Zip

Emergency Contact Telephone # (_____) _____

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SECURITY DEPOSIT

Brainerd Public Utilities will require a deposit at the time of application for service. **The required deposit will equal a two (2) month average billing.** The **minimum** deposit is \$50. All deposits earn an interest rate that is set by MN Statute 325E.02(b). **Deposits are applied to the account after 12 consecutive months of on-time payments.** If a customer owes BPU a bad debt from a previous address, both the bad debt and the deposit have to be paid before a utility account will be established. When the account is closed, any remaining credit will be returned to the **primary name** on the account in the form of a refund check.

To waive the deposit, a utility credit reference needs to be filled out and returned to our office within 10 days. If the credit reference is not returned, or is not favorable, a security deposit of _____ will be billed to your account.

Applicant Initials _____

Co-Applicant Initials _____

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Split 2X ____ 3X ____ 4X ____

DATA PRIVACY ADVISORY

In accordance with the Minnesota Government Data Practices Act, Brainerd Public Utilities (BPU) is required to inform you that the personal information we collect about you is private and not available to the public. We ask this information for the following reasons:

- To distinguish you from all other applicants for service and to identify you in our account files;
- To enable us to verify that you are the individual making application and to determine your credit status for receipt of services;
- To enable us to contact you if additional information is required, to send you appropriate notices, and/or to schedule service or maintenance calls.
- To enable us to collect monies due and owing from you to BPU for services and equipment provided.

Refusal to supply the requested information may result in your application for services being denied. The information you provide to us will not only be used within BPU, but may also be provided to credit or collection agencies to determine your credit rating or to assist in collecting on your account for services should it become delinquent. The collected information may also be provided to law enforcement personnel if requested by them. In accordance with MN Statutes Sections 13.03 and 13.04, I acknowledge by signing this application form that I have been informed of and understand my rights under the MN Government Data Practices Act and hereby consent to the release of the above information for those purposes as stated herein.

I hereby certify the information given on this application is true and correct. I authorize BPU to verify this information and retain the application whether or not it is approved. I agree that if any of the information is false or altered, BPU has the right to disconnect my utility service without any further notice. I further authorize BPU to receive and retain credit information that I have provided on the utility credit reference.

Applicant Signature

Co-Applicant Signature

PLEASE RETURN TO BRAINERD PUBLIC UTILITIES:

- 1. Signed Application**
- 2. Copy of Drivers License or Copy of Photo ID**
- 3. Copy of Signed Rental Lease**

SERVICE WILL NOT BE PUT INTO YOUR NAME UNTIL ALL OF THE REQUIRED INFORMATION HAS BEEN SUBMITTED TO OUR OFFICE.

Brainerd Public Utilities will need at least one business day notice to take these service out of your name. This service will remain in your name until you notify us that you are moving.