



Brainerd Public Utilities (BPU)
 8027 Highland Scenic Road
 PO Box 373
 Brainerd, MN 56401
 218-829-8726 | Phone
 218-829-4703 | Fax
 email@bpu.org

**RESIDENTIAL
 UTILITY BILLING APPLICATION**

Please Print Clearly

Today's Date ____/____/ 20__

Date to Begin New Service ____/____/ 20__ **RENTING** ____ OR **NEW OWNER** ____

Service Address _____ Apt # _____ Brainerd, MN 56401

Mailing Address (If different from Service Address) _____

Bill/Notices Delivery Options: Mail ____ Email ____ Email Address _____ Both ____

(It is the customers responsibility to inform BPU of any changes of their preferred bill/notices delivery option)

- 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__

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? Yes ____ No ____
- Will this be your primary residence? Yes ____ No ____
- Will this be a rental property? Yes ____ No ____
- Is this a short term investment (Flip) property? Yes ____ No ____

APPLICANT

Last Name _____ First Name _____ MI _____

Social Security # _____ Date of Birth ____/____/____

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

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 _____

Emergency Contact (not living with applicant) _____ Relationship _____

Emergency Contact Address _____
 Street Address City State Zip

Emergency Contact Telephone # (____) _____

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.** 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, equal to a two month average billing for the account address, will be billed to your account.

Applicant Initials _____ Co-Applicant Initials _____

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 THE FOLLOWING TO BRAINERD PUBLIC UTILITIES:

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

OR

EMAIL ALL INFORMATION TO LAURAJ@BPU.ORG

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

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