



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

**APPLICATION FOR UTILITY SERVICE
 COMMERCIAL**

Please Print Clearly

Today's Date _____ / _____ / **20** _____

Date to Begin New Service _____ / _____ / **20** _____

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

New Owner _____ **Renting** _____

If renting Landlord's name and address:

Business Name _____

Contact Person _____ **Phone #** _____

Social Security # _____ **Driver's License #** _____

Business Phone # _____ **Cell Phone #** _____

Fax # _____ **Email** _____

Tax Id # _____ **Type of Business** _____

Has the business had service from us within the last 12 months? Yes _____ **No** _____

If Yes, at what address _____

BILLING INFORMATION

Billing Party _____

Billing Address _____

Contact Person _____ **Phone #** _____

SECURITY DEPOSIT

Brainerd Public Utilities requires a security deposit for service. The required deposit will amount to the highest monthly bill charged in the previous 12 months. The minimum deposit is \$100. All deposits earn an interest rate that is set by MN Statute 325E.02(b). 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.

To waive the security deposit, a utility credit reference needs to be filled out and returned to our office within 10 days.

CONTINUED ON BACK PAGE

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:

**SIGNED APPLICATION
COPY OF TAX ID
COPY OF DRIVER'S LICENSE**

FOR OFFICE USE ONLY

Account Number _____

Credit Reference YES____ **NO**_____