

# APPLICATION FOR SERVICE - HIBBING PUBLIC UTILITIES



NAME OR BUSINESS \_\_\_\_\_

DATE \_\_\_\_\_

COSIGNER / SPOUSE / CONTACT \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

DEPOSIT PAID

HOME OWNER

MAILING ADDRESS \_\_\_\_\_

CONTRACT FOR DEED

RENTER

(H) PHONE 1 \_\_\_\_\_

(C) PHONE 2 \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

DEPOSIT PAID BY: CUSTOMER Yes - No

AGENCY \_\_\_\_\_

DEPOSIT XFER FROM \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH YOU**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONNECT DATE \_\_\_\_\_

APPT TIME \_\_\_\_\_

SERVICES	
ELECTRIC	<input type="checkbox"/>
GAS	<input type="checkbox"/>
STEAM	<input type="checkbox"/>
WATER	<input type="checkbox"/>
SEWER	<input type="checkbox"/>
GARBAGE	<input type="checkbox"/>
SENIOR DISCOUNT	<input type="checkbox"/>
SECURITY LIGHT	<input type="checkbox"/>
HYDRANT METER	<input type="checkbox"/>

OFFICE USE ONLY	
Taxable <input type="checkbox"/>	Tax Exempt <input type="checkbox"/>
Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
Meter Reading Schedule <input type="checkbox"/>	
Direct Pay <input type="checkbox"/>	
Equal Pay <input type="checkbox"/>	
CIP-CFL <input type="checkbox"/>	
OWNER VERIFICATION <input type="checkbox"/>	
PUT IN OWNERS NAME WHEN VACATED	
	INITIALS

SIGNATURE \_\_\_\_\_

2ND SIGNATURE \_\_\_\_\_

By signing this, I authorize I have reviewed the terms and utility billings of the HPUC