

LITCHFIELD PUBLIC UTILITIES

CITY OF LITCHFIELD

126 North Marshall Avenue ~ Litchfield, MN 55355
Phone (320) 693-7201 ~ Fax (320) 693-9134



APPLICATION FOR UTILITY SERVICES

(Please Print)

Account Name: _____

I hereby make application for the following utility services:

Commercial Residential

Activation Date: _____

Electric Water Sewer

Account Address: _____

Phone: _____ Email: _____

Mailing Address: _____

(If different from above)

I am: Owner Renter If renter, give name and address of owner or landlord:

Drivers License #: _____ Social Security #: _____

Employer Name & Address: _____

Previous Address: _____

Previous Utilities Supplier (For Credit References): _____

Other Credit References (Bank, Etc.): _____

***COPY OF PHOTO ID & \$100.00 DEPOSIT (Residential Customers) REQUIRED**

I hereby acknowledge receipt of the Litchfield Public Utilities rates and policies, and accept all responsibility of said policies and payments.

Date: _____

Applicant's Signature

(For Office Use Only)

Effective Service Date: _____

Account Number: _____

Total Deposit Received: _____

Approved By: _____