



Kenyon Municipal Utilities
709 2nd Street - Kenyon, MN 55946
 Phone: 507-789-6415 Fax: 507-789-5604

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

Today's Date: _____

Date Utilities Start: _____

Social Security # of Applicant: _____

Social Security # of Additional Adult: _____

Applicant: Last Name		First Name	M. I.	Additional Adult: Last Name		First Name	M. I.
Number of Occupants <input type="text"/>	New Service Address - Street			Home Phone:			
				Cell Phone #1:			
				Cell Phone #2:			
Email Address:				Mailing Address (if Different from Service Address):			
Employer - Applicant				Business Phone			
Employer - Additional Adult				Business Phone			
<p>Renters: <i>A copy of your utility bill may be given to your landlord, along with any delinquent notices.</i> _____ (Initial Here)</p>							
Landlord Name _____				Phone _____			
Complete Previous Address:				Name of Previous Utility Company			
<p>The Customer hereby acknowledges that they will abide by all terms and conditions of service as set forth in K.M.U.'s <u>Electric Service Rules and Regulations</u> (copy available upon request). The Customer also agrees to provide an easement for the utility secondary service conductors actually used to deliver electricity to the premises. A description of the point of demarcation of ownership between K.M.U.'s electrical facilities and the customer-owned electrical facilities is as follows: Overhead service - Contact point on the House / Underground Service - Utility Right-of-Way.</p> <p align="center"><i>Meters are the property of Kenyon Municipal Utilities.</i></p>							
<p>I acknowledge that the above information is correct and I grant permission to KMU to register the electric utility account under my name and thereby accept all associated responsibilities including financial.</p>							
Customer Signature: _____				Date: _____			

FOR OFFICE USE:	
Deposit Paid \$ _____	Date _____
No Deposit - Letter of Credit Received _____	
Deposit Refunded: Date _____	\$ _____
Deposit Amount Applied to Final Bill: \$ _____	Date _____

ROUNDUP PROGRAM: _____ YES _____ NO
 (Donate to Kenyon's Food Shelf by rounding your bill up to the nearest dollar.)

PICTURE IDENTIFICATION REQUIRED.