



**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:			Additional Adult:		
Last Name	First Name	M. I.	Last Name	First Name	M. I.

Number of Occupants <input type="text"/>	New Service Address - Street	Home Phone: Cell Phone #1: Cell Phone #2:
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Email Address:	Mailing Address (if Different from Service Address):
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Employer - Applicant	Business Phone
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Employer - Additional Adult	Business Phone
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**Renters:** A copy of your utility bill may be given to your landlord, along with any delinquent notices. \_\_\_\_\_ (Initial Here)

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Complete Previous Address:	Name of Previous Utility Company
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The Customer hereby acknowledges that they will abide by all terms and conditions of service as set forth in K.M.U.'s Electric Service Rules and Regulations (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.**

*Meters are the property of Kenyon Municipal Utilities.*

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.

**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.**