

**APPLICATION FOR UTILITY SERVICE  
TITONKA MUNICIPAL UTILITIES**

**APPLICANT'S NAME:** First\_\_\_\_\_Middle Initial\_\_ Last\_\_\_\_\_

**NAMES OF ALL PERSONS RESIDING AT THIS ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY/DRIVER'S LICENSE NUMBERS** \_\_\_\_\_  
(social security number required)

**DATE OF BIRTH** \_\_\_\_\_

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

**BILLING ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**I HEREBY APPLY FOR UTILITY SERVICES FOR THE SERVICE ADDRESS LISTED ABOVE. I AGREE TO PAY ALL BILLS RENDERED BY THE UTILITY FOR SERVICE RECEIVED FROM THE DATE OF CONNECTION TO THE DATE SERVICE IS DISCONTINUED. I FURTHER AGREE TO GIVE NOTICE TO THE UTILITY OF MY INTENT TO DISCONTINUE SERVICE.**

**SIGNED** \_\_\_\_\_, **APPLICANT** **DATE:** \_\_\_\_\_

**I WISH TO DESIGNATE THE FOLLOWING PERSON OR AGENCY TO RECEIVE A COPY OF ANY NOTICE OF DISCONNECTION OF SERVICE THAT MIGHT RESULT FROM NON-PAYMENT OF A BILL:**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

\*\*\*\*\*

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEPOSITS** \_\_\_\_\_ **RECEIVED** \_\_\_\_\_