Advance Payment Amount: $300 $100 Date: Service Start Date:

Advance Payment Received:

Rent: Own:

Application for Utility Services
Lakefield Municipal Utilities

Billing Customer(s): Social Security #:

Service Address: Driver's License #:

Mailing Address: Home Phone:

Home Phone: Cell Phone:

Email Address: Work Phone:

Employer: Employer Phone:

Landlord/Owner (For Rentals): Phone

Mailing Address City State Zip

Third Party Designation -- NOT living in your household
(contact for emergency purposes)

Name Address

City State Zip

Phone

By Signing below, I am requesting services from Lakefield Public Utilities, Lakefield, MN (LPU) at the above listed service address. I authorize LPU to send its billing statements for service to the billing name and mailing address.

Billing Customer Signature date Spouse Signature date