



Clerk Initials:

New resident to Minden:

☐

RESIDENTIAL UTILITY APPLICATION

Please complete all information. Incomplete applications may delay service.

APPLICANT INFORMATION

Full Legal Name (First, Middle, Last):			
Date of Birth:		Social Security Number:	
		Driver's License Number:	
State Issued:		Primary Phone Number:	
		Alternate Phone Number:	
Email Address:			

SERVICE ADDRESS (Where utilities will be provided)

Service Address:			
City:		State:	
		Zip Code:	
Requested Service Start Date:			

MAILING ADDRESS (If different from service address)

Mailing Address:			
City:		State:	
		Zip Code:	

PROPERTY OWNERSHIP INFORMATION

Are you the property owner? ☐ Yes ☐ No

If no, Landlord/Property Owner Name: Phone Number:

PRIOR CITY OF MINDEN SERVICE

Have you previously had utility service with the City of Minden? ☐ Yes ☐ No

If yes, Previous Service Address:

Previous Name Used (if different):

ADDITIONAL ADULT / CO-APPLICANT INFORMATION

Additional Adult Name (First, Middle, Last):		Relationship to Applicant:		Phone:	
☐ Co-Applicant/Responsible Party ☐ Authorized Contact Only ☐ Occupant Only					
Last 4 of SSN:		Driver's License #:			

BILLING PREFERENCES

Preferred Method: ☐ Paper Bill (Mail) ☐ Paperless (Email) ☐ Both (Mail & Email)

Auto Draft (Bank Draft): ☐ Yes (Please complete Auto Draft form) ☐ No



REQUIRED DOCUMENTS

Please provide copies of the following (may be submitted with application):

- ☐ Valid Government-Issued ID (Driver's License, State ID, or Passport)
- ☐ Proof of Ownership OR Lease Agreement (if renting)
- ☐ Completed Auto Draft Form (if enrolling in bank draft)

CUSTOMER CERTIFICATION & UTILITY POLICY ACKNOWLEDGMENT

By signing below, I acknowledge and agree to the following:

1. I certify that the information provided on this application is true and complete.
2. I authorize the City of Minden to verify the information provided for the purpose of establishing utility service.
3. I understand that I am responsible for all charges incurred on the account until service is properly terminated in accordance with City policy.
4. I acknowledge the current utility rates, required deposits, due dates, late fees, and disconnect/reconnect policies.
5. I understand that providing false or incomplete information may result in denial or termination of utility service as permitted by applicable law and City ordinance.
6. I agree to notify the City of Minden of any changes to the information provided on this application.

Applicant Signature

Date

Co-Applicant Signature (if applicable)

Date

OFFICE USE ONLY

- ☐ Applicant identity verified
- ☐ Existing customer/account history searched
- ☐ Prior balance checked
- ☐ Lease/ownership documentation verified
- ☐ Landlord/property ownership verified (if applicable)
- ☐ All required adult/co-applicant information received
- ☐ Deposit verified
- ☐ Application scanned/attached to account

Tyler Account #: _____

Deposit Amount: \$ _____

Previous Balance: \$ _____

Total Due at Setup: \$ _____

Clerk Approval: _____

Date: _____

Supervisor Approval: _____

Date: _____

WATER STATUS / APPOINTMENT

☐ Water is ON

☐ Water is OFF

Water Appointment Date (if applicable): _____

Appointment Time (if applicable): _____

Customer must be present:

☐ Yes

☐ N/A

Additional Notes: