Willmar Municipal Utilities
PO Box 937, 700 Litchfield Ave
SW Willmar, MN 56201
Phone 320-235-4422 * Fax 320-235-3980
www.wmu@willmar.mn.us

For Office Use Only:

SO#: Account #: (Prev. Address)

SO#: Account #: (New Address)

Application for Service

Name:_____ _____ _____
Last First Middle

Previous Address:_____ **Move Out Date:** ____/____/____
PO Box / Street City State Zip

New Physical Address: _____ **Move In Date:** ____/____/_____
Street Apt. Name Apt. # **Mailing Address (if different from physical address):** _____

Telephone: _____ _____ _____ _____
Home Cell Work *Social Security # (Revenue Recapture purposes only)

Email Address_____ **Status:** ☐ **Renter** ☐ **Owner**

☐ **By checking this box, you are authorizing WMU to send notifications based on the information above via email or SMS (text) message. (ex. outage information)**

A Deposit is required for ALL rental or leased property. The Deposit is required PRIOR to transferring service and billing into applicant's name. Deposits can also be transferred from one residence in Willmar to another. When you move out of WMU's service territory, the Deposit will be applied to the final bill and a refund check will be issued for any remaining credit balance.

$250.00 Deposit Required ☐ **Paid** ☐Transfer to _____ ☐ **Waived**

***Deposits on residential accounts will be returned on the next regular billing after a customer has made twelve (12) consecutive "on-time" payments when a Social Security Number is supplied for Revenue Recapture Purposes only.**

Red Flag Rule **As part of the FTC's Red Flag Rule, WMU is required to verify every applicant's identity.**

Identity Verified: ☐Driver's License ☐Identification Card ☐Other _____

I agree that WMU and/or Property Owner/ Landlord/Management Company listed below have my permission to communicate regarding all billed utility services provided by WMU for this property. Property Owner/Landlord/ Management Company _____ **Phone** _____
As account holder, if you would like to allow someone other than yourself and the Property Owner/ Landlord/ Management Company to have access to the billing information contained in your account, they must be listed below. (ex. spouse/child/roommate)

Name: _____ _____ **Name:** _____ _____
Last First Last First

I certify as the account holder and responsible party of this account that the above person(s) and/or Property Owner listed may have access to the information regarding my account in relationship to account balances, account usage, changes and other basic information. Under no circumstances will my social security number ever be shared even with the authorized persons.

_____ _____
Applicant Signature Date

RP3 RELIABLE PUBLIC POWER PROVIDER