



# CITY OF RENSSELAER

RENSSELAER, INDIANA

## RESIDENTIAL APPLICATION

APPLICANT INFORMATION					
Name:					
Alias / Maiden Name:					
Mailing Address:					
SSN:	Driver License #:			DOB:	
Phone #:			Alternate #:		
Email Address:					
CO-APPLICANT INFORMATION					
Name:					
Alias / Maiden Name:					
SSN:	Driver License #:			DOB:	
Phone #:			Alternate #:		
Email Address:					
BILLING AND PAYMENT INFORMATION					
Bill: (Please circle) Paper / E-Bill / Both			Automatic Debit: (Please circle) Yes / No		
SERVICES REQUESTED					
Service Address:					
(Please circle) Own Rent					
Service(s): (Please circle)					
Electric	Security Light	Gas	Water	Sprinkler	Sewage
PRIORITY SERVICE is available to customers who are prescribed medical devices by a physician and require expedited reconnection during power outages. Do you require this service? (Please circle) Yes or No					
ACCOUNT SECURITY					
Password:			Hint:		
Authorized Users have permission to obtain information pertaining to billing & payment history and work order information. *Only the applicant may make changes to the services or close the account.					
1)			Phone #:		
2)			Phone #:		
3)			Phone #:		
4)			Phone #:		
APPLICATION INFORMATION CONTINUED					
PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.					
I agree to have a credit risk assessment report ran through Online Utility Exchange. The information obtained is used to verify identification and determine the required _____ meter deposit(s). This inquiry does not adversely affect your credit file.					
I agree to pay the minimum monthly charges and fees in accordance to the City _____ Ordinances.					
Each utility account is charged an environmental fee. The fee is shown on your _____ monthly bill.					

CONTINUED ON BACK SIDE

Should the account become delinquent and require collection efforts, this information will be shared with Online Utility Exchange. Furthermore, if legal action is necessary to collect amounts due under the account, the undersigned consents to the jurisdiction of the Jasper County Indiana courts.

I have read the above information and duly attest that the above responses are true. I understand that misrepresentation or omission of any facts or information called for on this application is subject to any and all City of Rensselaer Codes and/or ordinance(s). I understand that if such information is found to be false (fraudulent), the City will be bound to resolve this matter in accordance to its policies, codes, and/or ordinances, which may include any necessary fees or fines.

Applicant Signature:	Date
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Co-Applicant Signature:	Date
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**For Office Use Only:**

Credit Report #:	Clerk Initials:
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Deposits Required: (Circle One)	Standard	High Risk
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**Clerk initials and date completed**

Scanned:	CUBIC:	WO#:	Laserfiche:
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