



**Application for Utilities**  
 305 E Luverne St, PO Box 659  
 Luverne, MN 56156  
 (507) 449-2388  
 www.cityofluverne.org

Date of Application \_\_\_\_\_

Contact Information
Name
Mailing Address
City, State, ZIP
Social Security Number
Home Phone
Cell Phone
E-Mail Address
Employer
Service Address (If different from mailing address)

Co-Applicant's Information
Name
Social Security Number
Home Phone
Cell Phone
E-Mail Address
Employer

**Additional Adults Residing in Service Household**

\_\_\_\_\_

Move in Date \_\_\_\_\_ Do you rent or own this property? Rent \_\_\_\_ Own \_\_\_\_

Name of Landlord \_\_\_\_\_

**Previous Address**

\_\_\_\_\_ How long? \_\_\_\_\_  
 Street Address City State Zip

Have you previously received utilities or services from the City of Luverne?

Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_ Address \_\_\_\_\_

I/We hereby apply for utilities and services at the address above under the terms and conditions as approved by the City Council and agree to pay for same at the approved rates.

Signature \_\_\_\_\_

Payment/E-Bill Options	
Auto Payment: Checking	Savings
Debit Card	Credit Card
Pay Online at: www.cityofluverne.org	I would like to receive my bill by email: Yes No

For Office Use Only
Deposit Required: Yes No Transfer
Deposit Amount:
Amount Paid:
Account Number: