

**LIGHT AND POWER COMMISSION**

**305 11<sup>th</sup> Street East  
Glencoe MN 55336  
320-864-5184  
320-864-4328 – FAX**

NAME \_\_\_\_\_ Moving in Date \_\_\_\_\_  
(Please print)

**APPLICATION FOR SERVICE – (Picture ID Required)**

The undersigned requests Light and Power Commission/City of Glencoe to provide electric, water and sewer services to the premises described herein. The undersigned agrees to pay for said service at Light and Power Commission established rates as monthly bills are rendered (due date 27th of the month) and to permit Light and Power Commission/City of Glencoe, its agents and employees free access to the premises at all reasonable times for the purpose of reading, maintaining, disconnecting or removing electric/water meters, to examine all service electric wires/water pipes leading therefrom and appliances attached thereto, and to inspect, install, repair or remove all property owned by Light and Power Commission/City of Glencoe.

A deposit of \$100.00 is due upon application. When moving out of service area the deposit is applied to the final bill.

If bill is not paid, you will be disconnected. The reconnect fee is \$45.00 during business hours (Monday thru Friday - 8:00 a.m. to 4:30 p.m.), after business hours the reconnect charge is \$110.00. The past due and the reconnect charge must be paid before service is reconnected.

If check is returned by the bank, disconnection of services will be done without any further notification.

The undersigned agrees to abide by and be subject to the rules and regulations of Light and Power Commission service area. Customer will be subject to collection costs and any or all legal fees associated in the collection of unpaid bill.

\*Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address Moving into \_\_\_\_\_

Telephone # \_\_\_\_\_ Mailing Address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Position \_\_\_\_\_ Telephone # \_\_\_\_\_ How Long? \_\_\_\_\_

Landlord/Owner of property \_\_\_\_\_

**Spouse/Other Occupant Information (Co-Applicant)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Optional