UTILITY SERVICE CREDIT REFERENCE FORM

Date of Request:	Account #:

FRAZEE PUBLIC UTILITIES CUSTOMER INFORMATION

Full Name:	Moving to:
Service Address:	
Email	Phone:

PLEASE RETURN COMPLETED FORM TO:

Name of Utility Company:	Attn:
Fax Number:	Email:
Address:	

AUTHORIZATION TO DISCLOSE ACCOUNT INFORMATION

(TO BE COMPLETED BY THE CUSTOMER)

I hereby authorize the release of credit information, as requested, regarding my credit standing while I was receiving service from Frazee City utility during the past (2) years.	
Signature:	Address:

CREDIT REFERENCE

(TO BE COMPLETED BY THE UTILITY THAT IS PROVIDING INFORMAITON)

Date Service Began:	Date Service Ended:	
Penalties Charged in the past 12 months:		
Notices:	Delinquent Notices:	Disconnection Notices:
Disconnections:	NSF CHECKS:	

UTILITY REPRESENTATIVE

Name of Representative:
Title:

Signature of Credit Representative

City of Frazee, Frazee Public Works

PO Box 387
Frazee, MN 56544
(218) 334 - 4991