



# CITY OF RENSSELAER

RENSSELAER, INDIANA

## NEW TENANT VERIFICATION FORM

<b>LESSEE INFORMATION</b> (To be completed by Property Owner/ Manager)						
Name:						
Service Address:						
Effective Date:						
SERVICES REQUIRED						
This certifies that the above named lessee is renting the listed service address. He / She is responsible for establishing the following utility service(s) with the City of Rensselaer. *Work orders processed from 7:30am - 3pm. Requests after 3pm processed following business day.						
Service(s): (Please circle)						
Electric	Security Light	Gas	Water	Sewage	Trash	
ADDITIONAL OCCUPANTS						
1)						
2)						
3)						
4)						
5)						
AUTHORIZED BY PROPERTY OWNER / MANAGER						
Printed Name:						
Signature:				Date:		
IMPORTANT LESSEE INFORMATION:						
Please bring the following required information with you when establishing utility services:						
_____ Photo ID						
_____ Letter of credit from current Utility Company: provide 12 months good payment history with no disconnects <i>for deposit waiver</i> or						
Meter Deposit fees - if required, must be paid when establishing service(s): Residential Standard Deposit: \$75 per required service Residential High Risk Deposit: \$125 per required service _____ Commercial: Determined by service size. Please call 219-866-7884 for information.						
Note:						
<ul style="list-style-type: none"><li>• If no letter of credit is provided from current Utility Company, a credit risk assessment report (requires Social Security Number) will be ran through Online Utility Exchange. The information obtained is used to verify identification and determine the amount of the required utility meter deposits(s). This inquiry <i>does not</i> adversely affect your credit file.</li><li>• *If neither a letter of credit is provided, nor consent given to run a risk assessment report then high risk deposits will be required.</li></ul>						
UTILITY OFFICE USE ONLY						
Transfer completed by:						
Date:						

This institution is an equal opportunity provider and employer.

FORM UPDATED 03/15/2019