



CITY OF RENSSELAER

RENSSELAER, INDIANA

RESIDENTIAL APPLICATION

APPLICANT INFORMATION					
Name:					
Alias / Maiden Name:					
Mailing Address:					
SSN:		Driver License #:		DOB:	
Phone #:			Alternate #:		
Email Address:					
BILLING AND PAYMENT INFORMATION					
Paperless Billing: (Please circle) Yes or No			Automatic Debit: (Please circle) Yes or No		
SERVICES REQUESTED					
Service Address:					
Start service date:					
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					
Work orders processed from 7:30am - 3pm. Requests after 3pm processed following business day.					
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 #:		
APPLICANT INFORMATION CONTINUED					
PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.					
<p>Per City of Rensselaer Ordinance: if applicant is unable to provide a letter of credit from current utility provider indicating 12 months of good payment history with no penalties or disconnects to receive a deposit waiver; then applicant consents 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.</p>					
<p>Meter deposits will be refunded to applicant in the form of a bill credit, after twelve (12) consecutive months of zero (0) late payments, applied to the utility account on the thirteenth (13) month or applied to the final invoice once the services are no longer _____ required. Any remaining deposit funds will be refunded in the form of a check.</p>					
<p>Delinquent deposit: If no deposit is on file due to previous waiver or refund and account is disconnected twice within six (6) months due to delinquency; then a delinquent deposit of _____ \$75.00 per meter will be required prior to reconnection of services.</p>					

CONTINUED ON BACK SIDE

Each utility account is assessed minimum charges and an environmental fee monthly.
_____ Applicant agrees to pay the fees charged in accordance to the City Ordinances.

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

The City of Rensselaer is authorized to communicate important information to applicant and
_____ listed authorized users, through telephone calls, text message and emails.

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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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applications on the basis of visual observation or surname.
_____ **I do not wish to furnish this information**

Applicant
Sex:
___ Male
___ Female

Ethnicity:
___ Hispanic or Latino
___ Not Hispanic or Latino

Race: (Mark all that apply)
___ White
___ Black or African American
___ American Indian or Alaska Native
___ Asian
___ Native Hawaiian or Other Pacific Islander

For Office Use Only:

Credit Report #:	Clerk Initials:		
Deposits Required: (Circle One)	Waived	Standard	High Risk
Work Order #s	Water:	Gas:	Electric:

Clerk initials and date completed

Scanned:	CUBIC:	Laserfiche:	GIS:
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This institution is an equal opportunity provider and employer.