

**MADelia MUNICIPAL
LIGHT & POWER**
24 Abbot Ave SW
Madelia, MN 56062
(507) 642-8803

billing@madelialightandpower.com

OFFICE USE ONLY

Acct #: _____

Deposit: ____\$100 ____\$200 Date Pd: _____

Reference Received: ____ yes ____ no ACH _____

File Maintenance Completed: ☐ Driver's License: ☐

RESIDENTIAL SERVICE APPLICATION

DATE _____

SERVICE START DATE: _____

SERVICE ADDRESS: _____

☐ HOME OWNER

☐ RENTER -- LANDLORD'S NAME: _____

NAME PHONE NUMBER SOCIAL SECURITY NUMBER

NAME PHONE NUMBER SOCIAL SECURITY NUMBER

EMAIL ADDRESS: _____

EMAIL BILL? ☐ YES ☐ NO **BY CHECKING YES, YOU UNDERSTAND THAT YOU WILL NOT
RECEIVE A PAPER COPY IN THE MAIL**

EMPLOYER: _____

BILLING ADDRESS
(IF DIFFERENT FROM SERVICE ADDRESS) _____

PREVIOUS ADDRESS: _____

NAME & PHONE # OF RELATIVE
(IN CASE OF EMERGENCY) _____

☐ *I have received a copy of the residential service customer meter deposit policy.*

SIGNATURE