



Electric Credit Reference Form

Please complete the top portion of this form and send to your previous Electric Utility Company to complete and to provide to us a previous 12-month customer history and all information requested below.

To be completed by Customer:

Customer Name _____ New Address _____

I (We) hereby authorize the release of credit information as requested by the City of Anoka Electric Utility Department. I understand that my credit history will be considered acceptable if it consists of a minimum of twelve (12) months of continuous service with no late payments. Service must have been rendered in my name within the last two (2) years. If I do not provide an acceptable credit history, I agree to pay a deposit between \$100 and \$400.

Customer Signature _____ Date _____

Name of Electric Utility: _____

Account Name: _____

Service Address: _____

City, State, Zip: _____

To be completed by Electric Utility that can provide twelve (12) months of credit history of customer:

Date Service Began: _____

Date Service Stopped: _____

Number of Late Payments: _____

Number of Non-Sufficient Funds (NSF) Checks: _____

Final Bill (circle one): Paid Unpaid N/A

Signature of Credit Representative Electric Utility Phone Number

Please attach a business card, affix a company stamp, or use company letterhead and return to the city of Anoka by fax or mail to:

Mail to: Anoka City Hall, 2015 1st Ave, Anoka, MN 55303

FAX: 763-576-2777

Phone (763) 576-2750 Fax (763) 576-2777 TTY (763) 422-0422

www.AnokaMunicipalUtility.com