



CITY OF JACKSON, MINNESOTA
80 West Ashley ~ Jackson, Minnesota 56143
Phone: 507-847-4410 ~ Fax: 507-847-5586
Email: utilities@cityofjacksonmn.com

Credit Rating Authorization and Contract

Applicant's Name: _____
Address (new) : _____
City: _____ State: _____ Zip: _____
Phone: _____ Account Number: _____

I, the above-named and undersigned Applicant for municipal services, hereby authorize release of the credit information requested on this form to the City of Jackson, Minnesota ("City"). If the City does not receive a satisfactory credit rating from my previous utility provider or my bank, I agree to pay a deposit in the sum of \$ _____ for municipal services provided to me by the City.

Applicant's Signature Date

***Please complete ONE of the following:**

TO BE COMPLETED BY FINANCIAL INSTUTION

Checking Account: Date opened: _____ Date Closed: _____
Dishonored / Returned Check in the past 12 months: **Yes** **No**

OR

Loan #: _____ Origination Date: _____
of late payments last 12 months: _____

Signed: _____ Date: _____
Printed Name: _____ Title: _____
Bank Name: _____ Phone: _____
Bank Address: _____

TO BE COMPLETED BY PREVIOUS UTILITY PROVIDER

Applicant had service with us from _____ to _____
Late Payment's in the past 12 months: **Yes** **No**
Status of Final Bill: _____

Signed: _____ Date: _____
Printed Name: _____ Title: _____
Utility Name: _____ Phone: _____
Utility Address: _____