




Customer Service Division
Public Works & Utilities Department

 218-730-4050

520 Garfield Avenue
Duluth, Minnesota 55802

CREDIT REFERENCE

Customer Name: _____

Account Number: _____

Service Address: _____

Service Dates From: _____ To: _____

Credit History

Security Deposit Required? Yes _____ No _____

If yes, please be specific as to why _____

Disconnection notice sent during most recent 12 months? Yes _____ No _____

Service disconnected due to Non-payment during the last 12 months? Yes _____ No _____

NSF check issued? Yes _____ No _____

Utility type (circle):

Heating/Air-conditioning Water & Sewage Other (specify): _____

Average monthly bill: \$ _____

Additional Comments: _____

Company Name: _____

Address: _____

Telephone: _____

Signature/Title of Representative

Date

Please upload completed form to <https://forms.duluthmn.gov/Forms/CS-ID-and-Document-Upload>

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