SHAKOPEE PUBLIC UTILITIES COMMISSION
"Lighting the Way - Yesterday, Today and Beyond"

Shakopee Public Utilities Commission
PO Box 470 ◆ 255 Sarazin Street
Shakopee, Mn 55379-0470
(952) 445-1988 ◆ (952) 445-7767 fax

Application for Utilities - Residential

Please fill out the application completely, sign and return via fax, mail or in person.

Today's Date _____ Service Start Date _____

1. Applicant is: ☐ Owner ☐ Renter ☐ Agent

2. Billing name: _____
Legal Name of Responsible Party

3. Service Address: _____
Street City Zip Code

4. Mailing Address: (if different) _____
Street City Zip Code

5. Residential Phone#: _____ Business Phone #: _____

6. Social Security #: _____ Date of Birth: _____

7. Applicant's Signature: _____

8. Employed by: _____
Employer's Name Employer's Address Employer's Phone #

9. Name of co-applicant: _____
Legal Name of co-applicant

10. Relationship to Applicant: _____

11. Co-Applicant's Social Security #: _____ Co-Applicant's Date of Birth: _____

12. Co-Applicant's Home Phone #: _____ Co-Applicant's Work Phone #: _____

SPU Use ONLY			
Deposit Required	☐ Yes ☐ No	Account #	
Amount	☐ Check ☐ Cash	Location #	
Check #	Receipt #	☐ Temporary Service	Notes:
Date	Date Paid	☐ Permanent Service	

Transfer from sub. _____ to sub. _____

Authorization signature _____