




**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 send completed reference to [utilitysignup@duluthmn.gov](mailto:utilitysignup@duluthmn.gov)

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