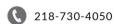


Customer Service Division

Public Works & Utilities Department



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