MADELIA MUNICIPAL
LIGHT & POWER
24 Abbot Ave SW
Madelia, MN 56062
(507) 642-8803

billing@madelialightandpower.com

OFFICE USE ONLY

Acct #: _____

Deposit: ____$50 ____$150 Date Pd: _____

Reference Received: ____ yes ____ no ACH _____

File Maintence Completed: ☐ Driver's License: ☐

RESIDENTIAL SERVICE APPLICATION

DATE: _____ SERVICE START DATE: _____

SERVICE ADDRESS: _____

☐ HOME OWNER

☐ RENTER ð Landlord's Name: _____

_____ _____ _____
NAME PHONE NUMBER SOCIAL SECURITY NUMBER

_____ _____ _____
NAME PHONE NUMBER SOCIAL SECURITY NUMBER

EMAIL ADDRESS: _____

EMAIL BILL? ☐ YES ☐ NO BY CHECKING YES, YOU UNDERSTAND THAT YOU WILL NOT RECEIVE A PAPER COPY IN THE MAIL

EMPLOYER: _____

BILLING ADDRESS:
(If different from service address) _____

_____

PREVIOUS ADDRESS: _____

_____

NAME & PHONE # OF RELATIVE
(In Case of Emergency) _____

☐ *I have received a copy of the residential service customer meter deposit policy.* _____
SIGNATURE