



*I hereby certify that the above information is correct and true. I further agree to abide by the regulations of Princeton Public Utilities. I understand that all regular, monthly utility bills are due by the twelfth (12th) of the month, regardless of whether I receive a bill in the mail, and that a late payment results in a 10% penalty charge. Failure to make payments may result in disconnection of service. If utility service is disconnected, the total amount due plus a reconnection fee will be required to resume service. A new or additional deposit may also be required. If renting, I also understand that by signing this contract, I waive my rights under the Minnesota Government Data Practices Act, allowing PPU to notify my landlord of any pending disconnection notices.*

*I agree that in order for PPU to service our account or to collect any amounts I may owe, PPU may contact me by telephone at any number associated with my account including wireless telephone numbers, which could result in charges to you. PPU may also contact me by sending text messages and/or emails, using any email address provided to PPU. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.*

*Under Minnesota Statute § 325E.028, utility providers are prohibited from disconnecting the residential utility service of a customer who is a member of the military on active duty, deployed outside the state, and who has notified the utility company of their status. The statute also allows for the establishment of a mutually agreeable payment plan during the period of active duty and up to 90 days after the end of deployment.*

I am an active -duty service member (or recently returned from deployment) and request protection under Minnesota Statute 325E.028. I understand this request does not automatically guarantee continued service but may provide protection from disconnection and allow for a reasonable payment plan.

This information is true and correct. I give permission to Princeton Public Utilities to exchange billing information with the public assistance agency that serves me, for the purpose of program qualification.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

<i>Notes:</i>	
<i>Approved by:</i>	<i>Date:</i>