



City of Detroit Lakes

*** This section to be complete by customer requesting reference.**

Office of Public Utilities
218-847-7609
FAX 218-847-8969
dlpublic@lakesnet.net

TO PRESENT UTILITY COMPANY: _____

Re: Account # _____ Date: _____

Customer Signature: _____

The following is the credit rating report that you requested for the address below:

Customer Name: _____

Service Address: _____

Service Date: _____ to _____

*** This section is to be completed by the previous utility company.**

Credit Rating: _____ See code explanation below. Final Bill Paid: Yes or No

- 0 - **TRANSITION** Account is less than (6) months old – too new to rate.
- 1 – **EXCELLENT** Twelve (12) months payments with no late fees, including current month.
- 2 - **GOOD** No more than (1) or (2) (30) day arrears in last (12) months including current month.
- 3 - **FAIR** No more than (3) (30) day arrears in last (12) months including current month, or no more than (1) (60) day arrears in last (12) months including current month.
- 4 - **POOR** (2) or more (60) day arrears in last (12) months including current month, or (4) or more (30) day arrears in last (12) months including current month.
- 5 - **WRITE OFF** Account written off.

Signature Title/Company Name Date

*** Fax or mail completed information/application to Gary Magee,
Detroit Lakes Public Utilities, PO Box 647, Detroit Lakes, MN 56502 or
Fax to (218) 847-8969.**

The City of Detroit Lakes is an equal opportunity service provider.