

City of St Thomas
PO Box 177
St Thomas ND 58276
257-6640

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)			
Previous address			
City:	State:	ZIP Code:	
Owned Rented (Please circle)			
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information, if Married			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
*\$50.00 Meter Rental Fee is included with application.			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date: