



# APPLICATION FORM

## APPLICANT INFORMATION

Residential       Business

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Tribal Enrollment (if applicable): \_\_\_\_\_ Number you can be reached at: \_\_\_\_\_

911 Address: \_\_\_\_\_  Mailing Address Same as 911

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_

Rent Home      Own Home      Landlord: \_\_\_\_\_ Landlord Telephone #: \_\_\_\_\_

Prior Resident: \_\_\_\_\_ Prior Resident Telephone #: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## JOINT APPLICANT INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## OFFICE USE ONLY

Service Area: \_\_\_\_\_  TELE     TELE-DSL     TRIPLE PLAY     TELE-TV     DSL     DOUBLE PLAY

Notes:

Advance Payment: \_\_\_\_\_  Credit Card     Cash     Check  
 Lifeline     Tribal     Non-Tribal     NDLAD Enrolled

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_ SO#: \_\_\_\_\_ Initials: \_\_\_\_\_

**ROLLA OFFICE**  
617 Main Avenue W. • PO Box 238 • Rolla, ND 58367  
701.477.1101

**LANGDON OFFICE**  
411 7th Avenue • PO Box 729 • Langdon, ND 58249  
701.256.5156 • 1.800.844.9708

**BOTTINEAU OFFICE**  
538 11th Street W. Suite 2 • Bottineau, ND 58318  
701.228.1101