



# APPLICATION FORM

## APPLICANT INFORMATION

Residential  Business

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Tribal Enrollment (if applicable): \_\_\_\_\_

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: \_\_\_\_\_

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