

Two Rivers Municipal Utilities  
1717 East Park Street  
Two Rivers, WI 54241  
(920) 793-5523

Acct # \_\_\_\_\_

Cycle \_\_\_\_\_ Rt \_\_\_\_\_

Date Service Begins: \_\_\_\_\_

Residential: Own \_\_\_\_\_ Rent \_\_\_\_\_

Commercial: Own \_\_\_\_\_ Rent \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ # \_\_\_\_\_

**APPLICATION FOR PERMANENT UTILITY SERVICE**  
**Please Print Clearly**

Business Name \_\_\_\_\_

Service Address \_\_\_\_\_

Tax ID# \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Contact Email \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

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Have you been billed by this utility in the past (in your name)? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Have you had utility service interrupted due to non-payment of bill within the past 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please give name/location of utility. \_\_\_\_\_

I agree to abide by the rules and regulations set forth by this utility and to pay for services at the specified rate. I understand that non-payment of utility bills could result in interrupted service and require posting of a security deposit.  
**Upon termination of this service I understand that it is my responsibility to notify the Utility to request my utility service be terminated or changed from my name.**

\_\_\_\_\_ (Print Applicant Name)

\_\_\_\_\_ (Applicant's Signature)

**For Office Use Only:**

Approved by \_\_\_\_\_ Service Requested By: Self \_\_\_\_\_ LL \_\_\_\_\_ Present Occupant \_\_\_\_\_

Other \_\_\_\_\_

Date \_\_\_\_\_ Service Requested Via: Phone \_\_\_\_\_ Person \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_