

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

Name _____
(last) (first)

Service Address _____

SS # _____ DOB _____

Phone # _____ Employer _____

Mailing Address (if different than above) _____

Former Permanent Address _____

Spouse's Name _____ SS # _____

Spouse's DOB _____ Employer _____

Additional Occupants _____

Contact E-mail _____

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.

(Date)

(Applicant's Signature)

For Office Use Only:
Approved by _____
Date _____

Service Requested By: Self LL Present Occupant
Other _____
Service Requested Via: Phone Person Fax Email

SEPARATE APPLICATION ON FILE FOR EACH ADDITIONAL OCCUPANT