

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

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

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

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

Customer # \_\_\_\_\_

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

**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 \_\_\_\_\_

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

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 \_\_\_ E-Mail \_\_\_\_\_