APPLICATION FOR SERVICE

SPOONER MUNICIPAL UTILITIES

MOVE INFORMATION

Date of Move:	Ac	Account:		
Responsible Party:	NEU LES	Last		
Location:	Phone No:			
Mailing Address:				
Birth Date:	Previous Service Provider:			
Names of all adults residing	g in the above address:			
Social Security #	Driver's L	icense #		
Email Address				
Status: Owner	Tenant:	Land Contract		
Owner of Property:				
UTILITY RATE SCHED THAT I AM THE RESP	ULES AND PAYMENT OPT ONSIBLE PERSON FOR TH US SERVICE PROVIDER. TH	PRMATION PERTAINING TO DE TIONS. I AGREE BY SIGNING TO HIS ACCOUNT. I GRANT PERM TE INFORMATION PROVIDED IS	HIS FORM, USSION TO	
Signature:		Today's Date:		
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Internal Use				
Electric Meter No:	Sequence:	Reading:		
Water Meter No:	Sequence:	Reading.		

MOVE OUT INFORMATION

Date Moving:		Account:
Name:		
Forwarding Address:		
Forwarding Phone:		
I UNDERSTAND THAT THERE IS ONE MORE BILL (A FINAL BILL) THAT WILL BE DUE AFTER I HAVE MOVED.		
Signature:		Date:
Water Service Fee: \$10.	<u>50</u>	