APPLICATION FOR SERVICE

SPOONER MUNICIPAL UTILITIES

MOVE INFORMATION

Date of Move: _____ Account: _____

Responsible Party: _____
First Middle Initial Last

Location: _____Phone No: _____

Mailing Address: _____

Birth Date: _____ Previous Service Provider: _____

Names of all adults residing in the above address: _____

Social Security # _____ WI Driver's License # _____

Email Address_____

Status: Owner_____ Tenant: _____ Land Contract _____

Owner of Property: _____

I UNDERSTAND AND HAVE BEEN GIVEN INFORMATION PERTAINING TO DUE DATES, UTILITY RATE SCHEDULES AND PAYMENT OPTIONS. I AGREE BY SIGNING THIS FORM, THAT I AM THE RESPONSIBLE PERSON FOR THIS ACCOUNT. I GRANT PERMISSION TO CONTACT MY PREVIOUS SERVICE PROVIDER. THE INFORMATION PROVIDED IS TRUE AND PROVIDED WITHOUT INTENTIAL OMMISION.

Signature: _____ Today's Date: _____

New or Successor Electric Customer Fee: $10.00 - to cover costs involved in the meter reading and initiation of customer record. Such charge will be included in the first regular billing.

Other Fees (i.e. Deposit, Reconnection Charge): _____

Internal Use

Electric Meter No: _____ Sequence: _____ Reading: _____

Water Meter No: _____ Sequence: _____ Reading: _____

MOVE OUT INFORMATION

Date Moving: _____ Account: _____

Name: _____

Current Address: _____

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: $10.50