

Village of Merrilan – Application for Utility Services

101 S Main St-PO Box 70 Merrilan, WI 54754
Phone (715) 333-2332
merrilanutilities@tcc.coop – Website: merrilan.net

Personal Information		
<u>Applicant's First Name:</u>	<u>Middle:</u>	<u>Last Name:</u>
Social Security # _____ - _____ - _____ OR <u>Driver's License #</u> _____ - _____ - _____ - _____		
<u>Service Address:</u>		
City: Merrilan	State: Wisconsin	Postal Code: 54754
Home Phone (cell):	Work Phone: () _____ - _____	
<i>Note: We may need to contact you regarding your request for utility services. Please provide a phone number w where you can be reached Monday-Friday from 7:00 am to 4:30 pm.</i>		
Do you rent or own the property listed in the "Service Address"? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Property Owner/Landlord: _____		
Deposit Amount: \$ <i>N/A</i> Date Paid: <i>N/A</i>		
<u>Billing Address</u> (if different than above):		
City:	State:	Zip code:
Effective Date for Service: _____ / _____ / _____.		
**Note: We are unable to connect services on Holidays or Weekends.		

I agree to the following: **(Please Initial)**

- ____ 1. I agree to be responsible for all amounts due while service is in my name.
- ____ 2. I agree to give access to my meter at all times.
- ____ 3. I agree to abide by the Rules and Regulations of the Merrilan Municipal Electric & Water Utility.
- ____ 4. I understand that my utility bill must be paid in full promptly on or before the 20th of the month or I will be subject to disconnection.
- ____ 5. I understand that a penalty of 1% will be charged to my account on any unpaid balance if not paid in full by the 20th of the month.
- ____ 6. Any questions I had concerning my obligation to the Utility have been answered by a Utility Customer Service Representative.

Applicant's Signature: _____ **Date:** _____

Account #: _____

Customer Representative Name: _____