

# Village of Merrilan – Application for Utility Services

101 S Main St-PO Box 70 Merrilan, WI 54754  
Phone (715) 333-2332  
utilities@merrillanwi.gov – Website: merrillanwi.gov

<b>Personal Information</b>		
<u>Applicant's First Name:</u>	<u>Middle:</u>	<u>Last Name:</u>
Social Security # _____ - _____ - _____ <b>AND</b> Driver's License # _____ - _____ - _____ - _____		
<b>Service Address:</b>		
<b>City:</b> Merrilan	<b>State:</b> Wisconsin	<b>Postal Code:</b> 54754
<b>Home Phone (cell):</b> _____ 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: _____		
<b><u>Billing Address</u></b> (if different than above):		
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
<b>Effective Date for Service:</b> _____ / _____ / _____.		
<b>**Note: We are unable to connect services on Holidays or Weekends.</b>		

**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 20<sup>th</sup> 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: _____