Village of Merrillan – Application for Utility Services

101 S Main St-PO Box 70 Merrillan, WI 54754
Phone (715) 333-2332 FAX (715) 333-2056
merrillan@centurytel.net – Website: merrillan.net

Personal Information		
Applicant's First Name:	Middle:	Last Name:

Last 4 digits of your Social Security #   XXX-XX-___ ___ ___ ___

Service Address:

City: Merrillan	State: Wisconsin	Postal Code: 54754

Home Phone (cell): _____   Work Phone: (   ) _____ - _____

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.

Do you rent or own the property listed in the "Service Address"?   [ ] Rent   [ ] Own

Property Owner/Landlord:

Deposit Amount: $ Date Paid:

Billing Address (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 Merrillan 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: _____