

Village of Merrilan – Utility Termination Form

Personal Information		
Name of Person Responsible for Final Utility Bill:		
Service Address:		
Date:		
City: Merrilan	State: Wisconsin	Postal Code: 54754
Home Phone: () _____ - _____ Cell: () _____ - _____		
Final Billing Information		
<i>**Address where final bill should be mailed**</i>		
Final Mailing Address:		
City:	State:	Postal Code:
Utility Services <u>Disconnection</u> Information		
End Date for services: ____/____/____ (mm/dd/yy) (date meters to be read)		
<i>Note: We are unable to do ending service readings on holidays or weekends.</i>		
Applicant's Signature:		
Office Use only		
Account #:		
Owner/Landlord:		
Comments:		