

VILLAGE OF MERRILLAN UTILITIES

101 S Main – PO Box 70

Merrillan, WI 54754

(715) 333-2332

FAX: (715) 333-2056

SEWER SERVICE/EXTENSION APPLICATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

VILLAGE/ZIP: _____

SERVICE REQUESTED/LOCATION: (legal description of property to be served)

SPECIAL INSTRUCTIONS – REMARKS: _____

Signature of Applicant/Owner: _____

I, we, also agree to all the Rules and Ordinances as adopted by the Village of Merrillan regulating said sewer system.

This form shall be returned to the Village Clerk with the proper signatures and applicable fees.

I certify that the above work has been done in according to the Plumbing Code and signed by a **LICENSED PLUMBER** of the state of Wisconsin.

Signature of Plumber: _____ Date: _____

Date Returned: _____

Received by: _____