



**TWO  
RIVERS  
UTILITIES**

Customer Service • 1717 E. Park Street • Two Rivers WI 54241 • (920) 793-5523 • customerservice@two-rivers.org

## Application for Permanent Utility Service

*Please Print Clearly*

**Residential:** Own  Rent

**Commercial:** Own  Rent

Service Request Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contract Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Have you been billed from TRU in the past (in your name)? Yes  No  Year: \_\_\_\_\_

Have you had utility service interrupted due to non-payment of bill within the past 12 months?  
Yes  No  If so, please give name and location of utility: \_\_\_\_\_

*I agree to abide by the rules and regulations set forth by this utility and to pay for services at the specified rate. I understand that non-payment of utility bills could result in interrupted service and require posting of security deposit.*

**Upon termination of this service, I understand that it is my responsibility to notify the Utility to request my utility service be terminated or changed from my name.**

Print Name (Primary): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (Secondary): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Acct#: \_\_\_\_\_ Approved By: \_\_\_\_\_

Cycle: \_\_\_\_\_ Rt: \_\_\_\_\_ Date: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Service Requested By: Self  LL  Previous Occupant  Other: \_\_\_\_\_

Customer#: \_\_\_\_\_ Service Requested Via: Phone  Person  Fax:  Email: \_\_\_\_\_