

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

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Service Request Date:		
Business Name:		
Service Address:		
Tax ID#:		
Contact Phone:	Contact Email:	
Mailing Address (if differen	t than above):	
Have you been billed from	FRU in the past (in your name)? Yes \Box 1	No □ Year:
Have you had utility service	interrupted due to non-payment of bill w	vithin the nast 12 months?
	give name and location of utility:	
,	and regulations set forth by this utility ar payment of utility bills could result in into	
-	ervice, I understand that it is my responsi nated or changed from my name.	bility to notify the Utility to request
Print Name (Primary):	Signature:	Date:
Print Name (Secondary): _	Signature:	Date:
For Office Use Only: Acct#:	pproved By:	
Cycle: Rt:	Pate:	Cocupant D. Other
	ervice Requested By: Self \square LL \square Previous ervice Requested Via: Phone \square Person \square F	