

Merrillan Electric Utility
Application for Electric Service

101 S Main St-PO Box 70 Merrillan, WI 54754
Phone (715) 333-2332 Fax (715) 333-2056

Applicant Name:	Date:
Service Address:	Phone:
Mailing Address:	
<i>Previous Address:</i>	
Ownership Status: <input type="checkbox"/> Own OR <input type="checkbox"/> Rent	
If Renter, Name of Landlord: _____	
Drivers License #: _____ Last 4 digits of your Social Security #: _____	
Residential Deposit Amount is: \$100.00 or \$50.00 Commercial Deposit Amount is: \$200.00	
Start Date for Services: ____/____/____	
<i>Note: We are unable to connect services on holidays or weekends.</i>	
Utility services provided by the Village of Merrillan: *Water *Electric *Sewer	

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 have received a copy of the Rules and Regulations.
- ___4. I agree to abide by the Rules and Regulations of the Merrillan Municipal Electric & Water Utility.
- ___5. 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.
- ___6. 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.
- ___7. Any questions I had concerning my obligation to the Utility have been answered by a Utility Customer Service Representative.

Applicants Signature:
Account #:
Customer Service Representative Name: