



GRESHAM MUNICIPAL UTILITIES



1126 Main St. • P.O. Box 50
Gresham, WI 54128
(715) 787-3244 • Fax (715) 787-1313

PART 1: APPLICATION FOR SERVICE

(All lines must be completed by applicant)

I request ___ Electric ___ Water/Sewer Service Service Start Date _____

Physical Address Where Service is requested _____

Mailing Address: _____

Phone: _____ Cell Phone _____

Last Address (prior to this application for service) _____

Last Utility (Name of Utility or City & State) _____

I agree to be responsible for all charges accumulated at the tariff rates as filed with the Public Service Commission. I understand that I will continue to be personally responsible for these accumulated charges until such time as I give prior written notice (sign off on this agreement) to the Gresham Municipal Utility that I no longer will require service.

Signature _____ Date _____

Print Name _____

Soc. Security No. _____ (or) valid Drivers License No. _____

Employer / Income Source: _____

Signature _____ Date _____

Print Name _____

Soc. Security No. _____ (or) valid Drivers License No. _____

Employer Income Source: _____

ALL RENTAL APPLICATIONS MUST BE SIGNED BY LANDLORD BEFORE
SERVICE WILL BE EFFECTIVE

LANDLORD SIGNATURE _____

Print Landlord Name _____

(OFFICE) GMU Witness Signature _____ Date _____

(OFFICE) GMU Account Number _____

PART II: TERMINATION OF SERVICE

I give notice that I no longer will require service at the above location, and request that a final reading be taken on (Date) _____ Account No. _____

I understand that there may be additional charges and a final billing after this reading date.

Forwarding Address _____

Signed _____ Date _____

Signed _____ Date _____