



# GRESHAM MUNICIPAL UTILITIES

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



## PART 1: Application For Residential Time-Of-Day Service

Customers that wish to be served on this rate schedule must apply to the utility for service. Once the customer begins service on this rate schedule, the customer shall remain on the rate for a minimum of one year. Any customer choosing to be served on this rate schedule waives all rights to billing adjustments arising from a claim that the bill for service would be less on another rate schedule than under this rate schedule.

Energy Charge:      On-peak      \$0.1800 per kilowatt-hour (kWh)  
                                 Off-peak      \$.0600 per kWh.

I request to be billed at the Time-of-day rates. \_\_\_\_\_ Service Start Date \_\_\_\_\_

Pricing Periods:      On-peak:      The three on-peak periods available are:

(Choose one)      7:00 a.m. to 7:00 p.m      \_\_\_\_\_  
                                 8:00 a.m. to 8:00 p.m      \_\_\_\_\_  
                                 9:00 a.m. to 9:00 p.m      \_\_\_\_\_

Monday through Friday, excluding holidays, specified below.

Off-peak:      All times not specified as on-peak including all day Saturday and Sunday, and the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day or the day designated to be celebrated as such.

Physical Address Where Service is requested \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## PART II: Termination of Service

I give notice that I have been on the Residential Time-of-day rates for one year or more and no longer wish to be billed at this rate. I request that a final reading be taken on (Date) \_\_\_\_\_ Account No. \_\_\_\_\_

I understand that after this date, my rates will return to the Residential service rate currently in effect.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_