



# VILLAGE OF GRANTSBURG

## Water/Sewer/Refuse Utility

316 S. Brad Street  
Grantsburg, WI 54840  
715-463-2405  
FAX 715-463-5555

### UTILITY SERVICE REQUEST/CHANGE

*This form must be completed and returned PRIOR to any new, change or end of service.*

Effective Date: \_\_\_\_\_ Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

### NEW PROPERTY OWNER INFORMATION

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Mailing Address (if different than service address):

\_\_\_\_\_  
(Address) (City) (State) (Zip)

S/S #: \_\_\_\_\_ -or- Driver's License #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name for business accounts: \_\_\_\_\_

### NEW RENTER INFORMATION

Renter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Renter's Mailing Address (if different than service address):

\_\_\_\_\_  
(Address) (City) (State) (Zip)

S/S #: \_\_\_\_\_ -or- Driver's License #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**For Moving out:** Account #: \_\_\_\_\_ Days of Service to be billed: \_\_\_\_\_

Name on account: \_\_\_\_\_ phone # \_\_\_\_\_

Mail Final Bill to: \_\_\_\_\_

Water Reading: \_\_\_\_\_ Date: \_\_\_\_\_

Workhorse Move In/Out: \_\_\_\_\_ Sp Assmt Needed: Y / N Sp Assmt Pd: \_\_\_\_\_ PW: \_\_\_\_\_ House # List: \_\_\_\_\_  
(Date/Initial) (Date/Initial) (Date/Initial) (Date/Initial)