



UTILITY SERVICE FORM

Date of Request: _____

Please check one:

- (1) Set-up New Account Date of Closing: _____ Initial Meter Read Request Date: _____
Move In Date: _____
- (2) Cancel Service Move Out Date: _____ Final Meter Read Request Date: _____
- (3) Change Information: Occupant Name Address Change

Please check one: Owner Occupied Renter Occupied

Service Address (required):

*Service Address: _____

*Elko New Market, MN _____

Requester Contact Information:

*Last Name: _____ *First Name: _____ *MI: _____

*Phone: _____ *Cell Phone: _____

Email Address: _____

Property Owner Information (if different from Requester/Service address):

*Last Name: _____ *First Name: _____ *MI: _____

Address: _____ * Phone: _____

City, State, Zip: _____ * Cell Phone: _____

Email Address: _____

Mailing Address (if different from above) or Forwarding address (if moving out):

Address: _____

City, State and Zip Code: _____

By signing this form, I state that I have authority to direct the City to add or modify information regarding the above service address.

Signature of Requester

Date

OFFICE USE ONLY

Entered By: _____ Reviewed By _____

New Transfer Change

Residential Commercial Storm Water Units _____ PID# _____

Lot: _____ Block: _____ Development: _____ Phase: _____