



VILLAGE OF MERRIMAC WATER AND SEWER UTILITY
APPLICATION FOR SERVICE

Service Start Date Requested: _____

Name: _____

Service Address: _____

Billing Address (if different): _____

Phone #: _____ Cell Phone #: _____

Employer (and address): _____

Spouse/Co-Applicant: _____

Have you previously had service with the Village of Merrimac? Yes () No ()

If yes, please list address(es): _____

Emergency contact: _____

Phone #: _____

Check which one applies: Own/Purchasing () Leasing/Renting ()

If purchasing, what is previous owner's name? _____

If renting, name of landlord: _____ Landlord Phone #: _____

Customer Signature _____ Date _____

The Village may accept this information by phone call, fax or email.

Please keep a copy of this completed application for your records.

Office use only:

Initial meter reading (done by Village): _____ Date: _____

VILLAGE OF MERRIMAC

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