

**CITY OF TWO HARBORS
UTILITY ACCOUNT CHANGE REQUEST FORM**

Name: _____

Mailing Address: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Electric:

___ Read electric meter in on _____ (Date) ___ Read electric meter out on _____ (Date)

___ Disconnect electric meter on _____ (Date)

Gas:

___ Read gas meter in on _____ (Date) ___ Read gas meter out on _____ (Date)

___ Pin gas meter on _____ (Date)

Water and Sewer:

___ Family Rate (2 or more persons in the residence for more than ½ of the month)

___ Single Rate (1 person in the residence for more than ½ of the month)

___ Vacant Rate (Residence is vacant for more than ½ of the month)

___ Turn on water on _____ (Date) ___ Turn off water on _____ (Date)

Date the requested change should take place: _____

Signature: _____ Date: _____