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:

__Read water meter in on ______ (Date) __Read water meter out on ______ (Date)

__Shut off water on ______ (Date) __Read sewer meter out on ______ (Date)

Date the requested change should take place: ____________________________

Signature: ___________________________ Date: ________________________