CITY OF TWO HARBORS
UTILITY ACCOUNT CHANGE REQUEST FORM

Name: _______________________________________________________________________

Add Additional Name: _____________________________________________________________

Mailing Address: _______________________________________________________________________

Service Address: _______________________________________________________________________

Account Number: ___________________ Phone Number: _________________________________

Electric:

__Read electric meter in on _____  __Read electric meter out on _____

          (Date)                (Date)

__Disconnect electric meter on____

          (Date)

Gas:

__Read gas meter in on _____  __Read gas meter out on_____  

         (Date)                (Date)

__Pin gas meter on _____

          (Date)

Water and Sewer:

__Read water meter in on _____  __Read water meter out on_____  

         (Date)                (Date)

__Shut off water on_____  __Read sewer meter out on _____

          (Date)                (Date)

Print Name: _____________________________________________________________

Signature: ___________________________ Date: ___________________________