

City of Two Harbors
522 1st Ave.
Two Harbors, MN 55616
218-834-5631



Application for Service

Date of request: _____

Contact Name: _____

Address: _____

Phone Number: _____

Project Location (If different from above address): _____

Service (s) Requested:

The undersigned hereby agrees to pay for said services and/or materials.

Applicant Signature: _____

For Department Use Only:

Administration Approval: _____
Sign/Date

Public Works Department: _____
Sign/Date

Gas, Water & Sewer Department: _____
Sign/Date

Electric Department: _____
Sign/Date

Date of Completion: _____
Sign/Date