



104 E. Main St.
P.O. Box 202
Durand WI 54736

TRANSFER OF UTILITY SERVICE

Name to appear on bill: _____

Phone No: _____ Date Service Started: _____

Driver's License/Social Security Number: _____

Would you like your utility bill: Email Mail

E-mail Address: _____

Address service is requested: _____
(Street) (Apartment)
Durand, WI 54736

If a rental unit – Owners Name: _____

Mailing Address: (Street) _____
(City) (State) (Zip)

Signature of Applicant

The Utilities will be transferred to the name listed above upon receipt of this form. Your utility bill will be mailed on a monthly basis.

Please mail information to: City of Durand, PO Box 202, Durand, WI 54736
fax to: (715) 672-8236 or email: amorgan@durandwi.gov

For Office Use Only

Date Received _____ Account No: 000- _____

Date Entered _____ Meter Reading _____