



City of Durand Utilities
Water * Sewer
104 E. Main St.
Durand, WI 54736

Customer Service Request

Name: _____

Email: _____ Phone: _____

Start Utility Service

Effective date: _____

Service Address: _____ Apt/Lot # _____

Are you the owner or tenant? Owner Tenant

If tenant, list owner's name _____

Billing Address: _____

City _____ State _____ Zip Code _____

Bill delivery preference: Mail Email

End Utility Service

Effective date: _____

Service Address: _____ Apt/Lot # _____

Are you the owner or tenant? Owner Tenant

If tenant, list owner's name _____

Forwarding Address: _____

City _____ State _____ Zip Code _____

Final bill delivery preference: Mail Email

By signing this form, I understand that I am responsible for the utility costs at the above listed address.

Customer Signature _____ Date _____

Durand Utilities Representative _____ Date _____

Office use only

Fire protection _____ Sewer _____ Outstanding Bills _____

Water meter _____ Storm Water _____ Special Assessments _____