



WOODBINE

Municipal Utilities

APPLICATION FOR UTILITY SERVICE

Date of Application: _____

Name of Account: #1 _____
First MI Last

#2 _____
First MI Last

Have you previously had service with WMU? Yes No

Do you have any outstanding charges with us? Yes No

Date to begin service: _____

Service Address: _____

Mailing Address: _____

E-Mail Address: _____ E-Statements: Yes No

Social Security or EIN: #1 _____
#2 _____

Phone: #1 _____
#2 _____

ACCOUNT NUMBER: _____

Deposits: Electric: \$ _____ Gas: \$ _____ Credit Reference _____

Deposit Receipt #: _____

Employer Name and Phone Number: _____

ML&P Employee: _____

I hereby apply for utility services beginning _____ pursuant to the rules of the utility. I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue service.

(#1 Signature)

(#2 Signature)

Copy of Photo ID is required