



UTILITY SERVICE – MOVE IN

Date of Occupancy _____

Name of New Owner _____

Service Address _____

Mailing Address _____

Phone# _____ Alternate # _____

OFFICE USE ONLY:

New Utility Account # _____

Meter ID # _____

MXU # _____

Work Order # _____

Date Processed: _____

Employee Signature: _____

New Occupant Signature _____

By signing, you acknowledge that all information on the form is correct, and the Town will not be responsible for any situation resulting from incorrect information given.