

Suring Water & Sewer



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Application for Utility Service

Date: _____

Name: _____

Spouse/Co-Tenant: _____

Physical Location: _____

Billing/Mailing address: _____

E-Mail: _____ Place a check in the box if you want your bills emailed

Telephone Number: _____ Cell Phone: _____

Driver's License #: _____

Driver's License (Spouse/Co-enant): _____

Social Security #: _____ Social Security #: _____

Date of Move In: _____ Previous Address: _____

OFFICE USE: ACCT. # _____ MXU # _____ CIRCLE CODE: _____

SEQUENCE # 01- _____ METER # _____ Meter Reading: _____

PREVIOUS OCCUPENT/CUSTOMER _____

NOTES: _____

Move in/Move out process done: _____

RESIDENTIAL / MULTI-FAMILY RESIDENTIAL / COMMERCIAL / INDUSTRIAL / PUBLIC AUTHORITY / IRRIGATION