

VILLAGE OF KIMBERLY

515 W. Kimberly Avenue Kimberly, WI 54136 Michelle Firchow

UTILITY BILLING CLERK

P 920-788-7500

F 920-788-9723

waterbilling@vokimberlywi.gov

New Meter Installation / New Service

This form must be completed and returned PRIOR to installation of any new meter.

ALL KIMBERLY & HOVMSD HOOKUP FEES MUST BE PAID prior to new meter installation.

SERVICE ADDRESS:		, Kimberly, WI
(Novem completing form)	(Deta)	(Dhono #)
(Person completing form)	(Date)	(Phone #)
BUILDER INFORMATION Builder is responsib	ole for water bill unless otherwise	e indicated.
Builder's Name:		
Builder's Mailing Address:		
(Address)	(City)	(State) (Zip)
Telephone #:	Email:	
ACCOUNT INFORMATION COMPLETE IF IN	ITIAL WATER BILLING IS IN A DIF	FERENT NAME
NAME on the WATER BILL:		
Billing Address (if different than service addr	ess):	
(Attn.) (Address)	(City)	(State) (Zip)
Contact name for business accounts:		
Telephone #:	Email:	
Signature of Person Responsible for the Wat	er Account:	
OFFICE USE		
Account #:	Rt Sequence	e #:
Customer Type:	ERU's:	
Requested Date of Installation:	ested Date of Installation: Preferred Time:	
Plumbers Contact Information:		