

Date _____

Account #01-00000 _____

Fayal Public Utilities

Customer Information

Name	
Service address	
(Mailing address if different)	
Email	
Name	Cell ____-____-____
Name	Cell ____-____-____
Phone Home ____-____-____	Work ____-____-____
Emergency contact name	
Address	
Phone	
Water meter serial number (if you are a Fayal Water customer)	
Meter reading	
Customer Signature	

Please return this form to Fayal Township Public Utilities 4375 Shady Lane Eveleth, MN 55734