

Willmar Municipal Utilities Off-Peak Storage Heat Program Application

Customer Information

Name _____

Address _____

Daytime phone _____

WMU Account Number _____

Signature _____ Date _____

Heat Source Information

Name of Dealer _____

Manufacturer _____

Type of Heat Source _____

Model Number _____

Voltage _____ Wattage _____



Yes! I would like more information on other energy saving opportunities at WMU.