

FENNIMORE MUNICIPAL UTILITIES
New Commercial Utility Service Application
ACCOUNT NUMBER _____

Applicant's Name: _____ Date of Birth: _____		
First	Middle	Last
Last 4 Digits of S/S No.: _____ Driver's License No.: _____		
FEIN: _____		Business Phone: (____) _____
(Office Use Only) Driver's License or other photo ID verified by office personnel yes no (circle one)		

Name of Business: _____	Nature of Business: _____
Type of Business Entity:	
Sole Proprietorship ____ Corporation ____ LLC ____ Partnership ____ Other (describe) _____	

Street Address of business premises: _____	
Your Mailing Address: _____	City: _____ State/Zip _____
(THIS IS THE ADDRESS YOU WOULD LIKE YOUR UTILITY BILL MAILED TO.)	
Date you would like utilities put into your name: _____	Your Phone No.: (____) _____
Landlord's Name: _____	Landlord's Phone No.: (____) _____

**YOU MUST PROVIDE ALL PREVIOUS BUSINESS ADDRESSES WITHIN THE
LAST 6 YEARS* BEGINNING WITH THE MOST RECENT. IF YOU HAVE BEEN IN BUSINESS LESS
THAN SIX YEARS, YOU MUST PROVIDE THE PERSONAL ADDRESS HISTORY OF AT LEAST ONE
PRINCIPAL BUSINESS OWNER**

* Please ask for additional sheets if necessary.

Dates living at this residence: _____ until _____	
Address: _____	City: _____ State/Zip: _____
Electric Utility: _____	Phone No.: (____) _____
Water & Sewer Utility: _____	Phone No.: (____) _____
Landlord: _____	Phone No.: (____) _____

Dates living at this residence: _____ until _____	
Address: _____	City: _____ State/Zip: _____
Electric Utility: _____	Phone No.: (____) _____
Water & Sewer Utility: _____	Phone No.: (____) _____
Landlord: _____	Phone No.: (____) _____

FENNIMORE MUNICIPAL UTILITIES APPLICATION (CONTINUED)

Sales Tax Status: Taxable _____ Exempt _____ If exempt, provide CES# _____

City Garbage Service Request: Accept _____ Decline _____

Does the business or any principal owner have any outstanding utility bills at this time? _____
If yes, please explain:

The above provided information is true to the best of my knowledge. I authorize Fennimore Municipal Utilities to contact my previous utility providers and/or previous landlords. I understand this verification process may take up to ten (10) business days, and I further understand that I may be required to pay a utility account deposit equal to two (2) months service if it is discovered that I do have a history of outstanding utility bills and/or a poor payment history.

In addition, I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Written notification is required when additional tenants move in or out of this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested on page one (1) of this application until I provide notice that I have moved and am no longer responsible for this utility bill. Further, I understand that if there are two or more applicants' names listed on this application, each applicant is jointly and severally liable for the utility bills incurred at the above-listed address. Further, I understand that

I/WE FURTHER AUTHORIZE THE FENNIMORE MUNICIPAL UTILITIES TO BILL ME/US FOR SAID SERVICE AND I/WE AGREE TO PAY FOR SAID SERVICE AT RATES ON FILE WITH THE WISCONSIN PUBLIC SERVICE COMMISSION AND/OR CITY OF FENNIMORE. FURTHER, THAT IN THE EVENT SAID SERVICE IS NOT PAID TIMELY, THE SERVICE SHALL BE DISCONNECTED ACCORDING TO THE RULES OF THE PUBLIC SERVICE COMMISSION.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

NOTE: Fennimore Utilities provide electric, water, sewer and garbage service.