

FENNIMORE MUNICIPAL UTILITIES
New Residential Utility Service Application

ACCOUNT NUMBER _____

Applicant's Name: _____ Date of Birth: _____	
First Middle Last	
Social Security No.: _____ and/or WI Driver's License No.: _____	
Employer: _____ Employer's Phone: (____) _____	
(Office Use Only) Driver's License or other photo ID verified by office personnel yes no (circle one)	

Spouse/Roommate: _____ Date of Birth: _____	
First Middle Last	
Social Security No.: _____ and/or WI Driver's License No.: _____	
Employer: _____ Employer's Phone: (____) _____	

Street Address of location you are moving into: _____ Apt. # _____	
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 ADDRESSES WITHIN THE
LAST 6 YEARS* BEGINNING WITH THE MOST RECENT.**

* Please ask for additional sheets if necessary.

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

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

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

(OVER)

FENNIMORE MUNICIPAL UTILITIES APPLICATION (CONTINUED)

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.

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: _____

Spouse/Roommate's Signature: _____ Date: _____

No. of people in household _____

NOTE: FENNIMORE UTILITIES PROVIDE ELECTRIC, WATER, SEWER AND GARBAGE SERVICE.

Per Act 25, if you would like us to discuss your account with another party (other than your landlord), please provide those names:

Name: _____

Phone: _____

Name: _____

Phone: _____

FOR OFFICE USE ONLY:

ELECTRIC
METER#: _____
READING IN: _____

WATER
METER#: _____
READING IN: _____

TO DISCONTINUE SERVICE

_____/_____/_____
DATE OF DISCONNECTION

CUSTOMER SIGNATURE

Forward Final Bill to:

Address: