

**LAKE DELTON UTILITY DEPARTMENT**

P.O. Box 87

Lake Delton, WI 53940

Phone: (608) 254-2558 Fax: (608) 254-7785

**APPLICATION FOR COMMERCIAL UTILITY SERVICE**

NAME OF BUSINESS: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
*Street Address City State Zip*

BILLING ADDRESS: \_\_\_\_\_  
*Street Address City State Zip*

PHONE #: (        ) \_\_\_\_\_ EMAIL: \_\_\_\_\_ OWN  RENT

**UTILITY SERVICE(S) REQUESTED:** \_\_\_\_\_ **DATE SERVICE REQUESTED:** \_\_\_\_\_

WATER/SEWER/STORMWATER

HAVE YOU HAD SERVICE WITH LAKE DELTON UTILITY DEPARTMENT WITHIN THE LAST TEN YEARS? YES  NO

PREVIOUS ADDRESS: \_\_\_\_\_

If applicable: LANDLORDS NAME: \_\_\_\_\_

I hereby apply for water and/or sewer, and/or storm sewer service in accordance with these terms and conditions. If my account becomes delinquent and the utility finds it necessary to discontinue my service, I hereby acknowledge my right, provided I make such request in writing to request the utility to notify the Department of Health & Social Services at least five (5) calendar days prior to the scheduled disconnection.

If the applicant has an outstanding account accrued within the last six (6) years with this utility, the applicant shall be allowed to receive service under a deferred payment agreement in lieu of a cash deposit or guarantee.

The applicant whose signature appears below thereof to the LAKE DELTON UTILITY DEPARTMENT for water /sewer/storm water service to be supplied and the address herein described and upon request at any other local address to which he/she may move. The applicant agrees to pay for said service as bills are rendered therefore in accordance with the rates, rules and regulations filed with and authorized by the Public Service Commission of Wisconsin and in effect the time of delivery of the service. Copies of rate schedules and rules and regulations applicable to the applicant are available at the address of the business office listed on the top of this application.

Applicant's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office use only: Account Number: \_\_\_\_\_ Date Rec: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_