

LAKE DELTON UTILITY DEPARTMENT

P.O. Box 87
Lake Delton, WI 53940
Phone: (608) 254-2558 Fax: (608) 254-7785

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

NAME OF APPLICANT: _____
First Middle Last

DRIVER'S LICENSE #: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

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 GARBAGE (will be available 2/1/2014 and added for all single family residential/duplex/4-plexes)

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/sewer/storm water and/or garbage 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 that I understand that my service may be disconnected if I am in delinquency of more than ten (10) days.

The applicant whose signature appears below thereof to the LAKE DELTON UTILITY DEPARTMENT for water /sewer/storm water and/or garbage 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: _____
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