

# Village of Theresa Sewer & Water Utilities

202 S Milwaukee Street • PO Box 327 • Theresa, WI 53091  
Director of Public Works • Nathan Bodden  
Village Hall 920-488-5421 • Public Works 920-488-4003

For Office Use Only

Qtr & Yr \_\_\_\_\_

Acct# \_\_\_\_\_

Received \_\_\_\_\_

Entered \_\_\_\_\_

## APPLICATION FOR UTILITY SERVICE

Completely fill out this application form and return it immediately to the address/location listed above.

***FAILURE TO PROVIDE THE INFORMATION NEEDED FOR THIS APPLICATION WILL RESULT IN REFUSAL OF UTILITY SERVICE PER PSC 185.33(18)(a)(b) and (c)***

Date to begin service: \_\_\_\_\_ Landlord (if applicable): \_\_\_\_\_

Name(s) (to appear on account): \_\_\_\_\_  
(MUST BE 18 YEARS OR OLDER)

Service Street Address: \_\_\_\_\_

Mailing Address (if different from above): PO Box \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ (this information is kept strictly confidential)

Have you ever been billed by this utility in the past? Yes \_\_\_ No \_\_\_

Have you had any service disconnected due to non-payment within the past 3 years? Yes \_\_\_ No \_\_\_

Have you ever left an outstanding balance with any utility? Yes \_\_\_ \* No \_\_\_

\*If Yes, with which company? \_\_\_\_\_

Did you pay the account in full? Yes \_\_\_ No \_\_\_ How many years ago? \_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby apply for utility service to be supplied at the address herein described and upon request, at any other local address to which I may move in accordance with the terms and conditions appearing at the bottom of this application.

I agree to pay for said services 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 at the time of delivery of service. It is understood that these utility rules and rates are on file at the utility office and available to me for my information.

I understand that a non-payment of utility bills could result in interrupted service. Upon termination of this service I understand that it is my responsibility to notify the utility to request my utility service be terminated or changed from my name.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date