WISCONSIN DELLS WATER & LIGHT UTILITIES

300 La Crosse Street
Wisconsin Dells, WI 53965
Ph: (608) 253-2542 Ext. 410, Fax: (608) 254-8904

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: _____

ELECTRIC ☐ WATER ☐ SEWER ☐

HAVE YOU HAD SERVICE WITH WISCONSIN DELLS WATER & LIGHT WITHIN THE LAST SIX YEARS? YES ☐ NO ☐

PREVIOUS ADDRESS: _____

LANDLORD NAME: _____ ADDRESS: _____

I herby apply for water and/or electric, and/or 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 Wisconsin Dells Water & Light Utilities for water and/or electric, and/or sewer 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: _____

FOR OFFICE USE ONLY

☐ ACEC AREA