

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: _____ / _____ / _____