

50 Tenth Street • Clintonville, WI 54929 • Phone: 715-823-7600 • Fax: 715-823-1352 • www.clintonvillewi.org • e-mail: clintonville@clintonvillewi.org

Commercial Application for Service

Important: Application must be submitted within five (5) business days of start of service or services may be disconnected. Missing or incomplete information may delay the start of services. False information can be cause for disconnection of service and /or construed as a "red flag" under Federal Trade Commission guidelines and may be reported to authorities. Clintonville Utilities may require positive identification and/or a service deposit as allowed by the Wisconsin Public Service Commission. A copy of the building / electric permit and a completed Wiring Statement must be provided prior to service connection for New or Upgraded services.

Date of Application _____ Date Service Requested by _____

Service Address _____ Apt# _____ Lot# _____

Billing Address (if different) _____ City _____ State _____ ZIP _____

Type Move In (Existing service) New Service Upgrade Existing Service

Services Requested Permanent Temporary Seasonal

Status Owner Tenant

Customer Information

Business Name _____ Contact Name _____

Contact Phone# _____ 2nd Contact Phone # _____

Business Phone# _____ Fax # _____ E-mail _____

Have you previously been a customer of Clintonville Utilities? Yes No

Tax Exempt: Yes No If yes, Tax Exempt # _____ Federal ID # _____

* If Tax exempt, please provide us with a copy of your Exemption Certificate

Applicant(s) agrees to abide by the Rules and Regulations set forth by Clintonville Utilities and the City of Clintonville and to pay for services at the specified rates. It is understood that copies of the Rules, Regulations and Rates are available for review. Applicant(s) understand that utility charges must be paid in full on or before the due date of each month or service(s) may be subject to disconnection. A 1% late payment penalty will be charged to any unpaid balance not paid on or before the due date. Applicant(s) warrants that all information on this application is true and provided without intentional omission.

Applicant Signature _____ Date _____

2nd Applicant Signature _____ Date _____

Landlord – Please complete this section:

Name of Landlord _____ Landlord Phone# _____

Landlord Address _____ City _____ State _____ ZIP _____

Landlord Signature (if applicable) _____ Date _____

Each time CU notifies the tenant that charges for service are past due for more than one billing cycle, CU will serve a copy of the notice of past due charges on the owner / landlord. If the tenant vacates the rental unit, the responsible parties and owner / landlord needs to provide CU with notice of the date that the tenant vacated the rental unit. Information on the tenants' payment status will be provided by CU to the owner / landlord upon request.