| _ |      | • • • |    |      |        |
|---|------|-------|----|------|--------|
|   | Into | nvill | PI | Jtıl | lities |

| ACCOUNT #_          |  |
|---------------------|--|
| Received by & Date: |  |

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

## **Residential Application for Service**

Application must be submitted **IN PERSON** 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.

| Services Requested                                      | □ Electric  | □ Water  | □ Sewer   |                                 |                      |   |  |
|---|---|--|---|---------------------------------|----------------------|---|--|
| itatus  | □ Owner   | □ Tenant   | □ Land C  | Contract                        |                      |   |  |
|   |   |  |   | ntract, list seller             |                      |   |  |
| dentity of those parties author                         | rized to make inquiries or                          | changes to this account.                           | To meet Federal T                                       | · ·                             | ft requirements and  | ity account and thereafter to verify th<br>for your own protection, a photo ID fo   |  |
| Date of Application                                     |   |  | Date Service Requested                                  |                                 |                      |   |  |
| Service Address   |   |  |   | Apt#_                           |                      | Lot#  |  |
| Mailing Address (if differe                             | nt)   |  | City _  |                                 | State                | ZIP   |  |
| lome Phone#   |   |  | _ E-mail addre  | ess                             |                      |   |  |
| Previous Address  |   |  | City  |                                 | State                | ZIP   |  |
| lave you previously been                                | a customer of Clinton                               | ville Utilities? □ Ye                              | s □ No  |                                 |                      |   |  |
| Previous Electric Supply Co                             | ompany  |  |   |                                 | State                |   |  |
| Name of Applicant                                       |   |  |   | Name of Spouse or Othe          | r Responsible Par    | ty  |  |
| irst  | M.I. Last   |  | _   | First                           | M.I. Las             | t   |  |
| Maiden Name or other name used during the last 10 years |   |  | Maiden Name or other name used during the last 10 years |                                 |                      |   |  |
| Date of Birth   |   |  | <del>-</del>  | Date of Birth                   |                      |   |  |
| 5.S. #  |   |  | _   | S.S.#                           |                      |   |  |
| Oriver's License #                                      |   |  | Driver's License #                                      |                                 |                      |   |  |
| Cell Phone #  |   |  | _   | Cell Phone #                    |                      |   |  |
| Place of Employment                                     |   |  |   | Place of Employment             |                      |   |  |
| opies of the Rules, Regulation                          | ns and Rates are available on. A 1% late payment pe | for review. Applicant(s) enalty will be charged to | understand that   | utility charges must be paid in | full on or before th | e specified rates. It is understood tha<br>e due date of each month or service(s<br>s) warrants that all information on thi |  |
| Applicant Signature                                     |   |  |   |                                 | Date                 |   |  |
| 2 <sup>nd</sup> Applicant Signature                     |   |  |   |                                 | Date                 |   |  |
| Landlord – Please cor                                   | mplete this section                                 | ı:   |   |                                 |                      |   |  |
| Name of Landlord  |   |  |   | Landlord Phone#                 |                      |   |  |
| andlord Address   |   |  | City  |                                 | State                | ZIP   |  |
| andlord Signature (if appl                              | licable)  |  |   |                                 | 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.