

Clintonville Utilities

ACCOUNT # _____

Received by & Date: _____

50 Tenth Street • Clintonville, WI 54929 • Phone: 715-823-7640 • Fax: 715-823-1352 • www.clintonvillewi.org • e-mail: utilities@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	<input type="checkbox"/> Electric	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
Status	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Land Contract _____ If land contract, list seller _____

Customer Information

Your customer information is confidential and will be used by Clintonville Utilities (CU) to validate the identities of all parties responsible for this utility account and thereafter to verify the identity of those parties authorized to make inquiries or changes to this account. To meet Federal Trade Commission Identity Theft requirements and for your own protection, a photo ID for each responsible party must be provided and verified by CU staff. We cannot discuss the account with anyone whose identity has not been validated.

Date of Application _____ Date Service Requested by _____

Service Address _____ Apt# _____ Lot# _____

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

Home Phone# _____ E-mail address _____

Previous Address _____ City _____ State _____ ZIP _____

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

Previous Electric Supply Company _____ State _____
(A letter of credit may be requested from your previous electric provider)

Name of Applicant <hr/> <div style="display: flex; justify-content: space-between;"> First M.I. Last </div> Maiden Name or other name used during the last 10 years <hr/> Date of Birth _____ S.S. # _____ Driver's License # _____ Cell Phone # _____ Place of Employment _____	Name of Spouse or Other Responsible Party <hr/> <div style="display: flex; justify-content: space-between;"> First M.I. Last </div> Maiden Name or other name used during the last 10 years <hr/> Date of Birth _____ S.S. # _____ Driver's License # _____ Cell Phone # _____ Place of Employment _____
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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.