

TREMPEALEAU MUNICIPAL UTILITIES APPLICATION FOR SERVICE-2018

PO Box 247, Trempealeau, WI 54661
Tel: 608-534-6434 E.Mail: info@trempealeauwi.com

NAME OF APPLICANT: _____ Driver's License : _____

TELEPHONE NUMBER: _____ Social Security No: _____

NAME OF CO-APPLICANT: _____ Driver's License: _____

TELEPHONE NUMBER: _____ Social Security No: _____

E-Mail: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if different than above): _____

OWNER OF PROPERTY (if different than applicant): _____

If renting—**who** is responsible for electric/water/sewer bills? _____

USAGE: RESIDENTIAL COMMERCIAL

YOUR EMPLOYER: _____ WORK PHONE #: _____

Spouse's Employer _____ Work Phone #: _____

PREVIOUS ADDRESS: _____

Do you have any outstanding accounts still payable to this or any other utility? **YES** or **NO**

A deposit is required if no reference is provided. If applicant has any outstanding accounts (not in dispute) of less than six years of age, you will be required to pay a deposit. Your deposit will earn interest.

Date Service Requested: _____

I agree to abide by all rules of Trempealeau Municipal Utilities and will notify them when terminating my residency. If all utility payments are current when I vacate the premises or after one year of timely payments, my deposit will be returned. I authorize copies or any delinquent/disconnect notices to be sent to my Landlord if I am a tenant.

Signature of Applicant _____ Date _____

Optional:

If my utility account should ever become seriously delinquent, I request that the County Department of Social Services be notified at least five (5) calendar days prior to any scheduled disconnection of my service.

Signature of Applicant _____ Date _____

FOR UTILITY COMPANY USE ONLY:

Date Received: _____ Previous Account #: _____

Deposit or Reference: _____ New Account #: _____

Customer Data Entered: _____ Date Meter Read: _____

Please Turn Over

THE FOLLOWING INFORMATION IS FOR SURVEY PURPOSES:

APPLICANT'S NAME: _____

NUMBER OF CHILDREN: _____

NAME: _____

AGE: _____

GRADE IN SCHOOL: _____

NUMBER OF DOGS: _____

DOG'S NAME: _____

MALE OR FEMALE: _____ **SPAYED OR NEUTERED:** _____

BREED & COLOR: _____

DOG'S NAME: _____

MALE OR FEMALE: _____ **SPAYED OR NEUTERED:** _____

BREED & COLOR: _____

DOG'S NAME: _____

MALE OR FEMALE: _____ **SPAYED OR NEUTERED:** _____

BREED & COLOR: _____