

## **Application for Utility Service**

24455 3<sup>rd</sup> Street Trempealeau WI 54661

(608)534-6434 Email: info@trempealeauwi.com

Date service requested:

Name of Applicant:	ne of Applicant:D			te of Birth:	
Phone Number:	Email (optional)				
Required Information. Please p		ation, per applicant, fr		e list of acceptable forms below.	
Driver's License or State ID Nur	mber				
Social Security Numberor Last 4 digits				s	
Passport Number					
Secondary name or responsible	party information: Must be l	isted to make inquiries	or cha	nges to the account	
Secondary Name :	Date of Birth:				
Phone Number:	Email (optional)				
License Number					
	ocial Security Number or Last 4 digits				
Passport Number					
			• • •	• • • • • • • • •	
Service Address:			Prim	ary Residence Yes No	
	Street address only			ure proper rates-applied to account	
Billing Address (if different than service)					
Owner of Property (optional)	l:				
If renting – who is responsible for utility bills?					
Previous address:					
Please note a cash deposit may be required if you have an outstanding account balance with us or another utility					
Optional Information					
Annly for ACH direc	•		n our v	vebsite under Pay your Bill tab.	
	, ,	•		• •	
Dogs are required to be licensed in the Village within 30 days. A rabies certificate is required to register your pet.					
For Office Use Only					
Date Received		Previous account #	<b>!</b>		
Data entered date		New account #			
Outstanding bill		Deposit required			