

817 S. Madison St. - P.O. Box 431 - Waupun, WI 53963

(920) 324-7920 - FAX (920) 324-7922



APPLICATION

ELECTRIC, WATER, AND SEWER

Owners Name: _____	Billing Address: _____
Owners Phone #: _____	City State Zip: _____
Construction Address: _____	Electric Service Size: _____
Lot No: _____	Water Service Size: _____
Addition _____	Sewer Service Size: _____

Building Permit No. _____

I hereby apply for Electric, Water, and Sewer service for the above named properties. I agree that said Electricity, Water, and Sewer shall be used in conformity with the rates, rules and regulations on file with the Public Service Commission of Wisconsin, or in the office of this Utility. I agree to pay for service at the established rates.

Should the Electricity, Water, and Sewer, be desired for any purpose other than set forth, I agree that prior to such use, I will make formal application for such privilege and pay the rate charged thereafter. Should I ever desire a change in my service connection for further consumption, privilege or convenience, I agree to make formal application to the utility and obtain permission for such

Electrician Printed Name: _____

Electrician Address: _____

Electrician Phone #: _____

Dated _____ Signed _____