

MEDFORD UTILITIES APPLICATION FOR SERVICE

639 S Second St
Medford, WI 54451
(715) 748-3211
cityofmedford@medfordwi.gov

ALL FIELDS ARE REQUIRED

Complete and return to Medford Utilities **along with a copy of your Driver's License/Photo ID.**

Today's Date _____

Effective Date of Service _____

Electric Water Sewer Garbage

Property Ownership Own Rent - Landlord Name _____

Individual(s) Responsible for Payment

or

business/ Organization

First MI Last

Driver's License # & State of Issuance

Phone Number: _____

Email: _____

Name

Contact Person: _____

Phone Number: _____

Email: _____

First MI Last

Driver's License # & State of Issuance

Phone Number: _____

Email: _____

Service Address (address where services are needed)

Billing Address (address to mail bills to – *if different than service*)

I acknowledge that the information contained herein is correct and agree to take all applicable services in accordance with the Utilities rules and regulations.

Signature _____

Signature _____

Date _____

Date _____