

SHULLSBURG UTILITIES SERVICE APPLICATION

ACCOUNT # _____

Applicants Name: _____ Date of Birth: _____ Driver's License # _____
First Middle Int. Last

Phone Number: _____ Email Address: _____
 Employer: _____ Employer's Phone: (____) _____

Spouse/Roommate: _____ Date of Birth: _____ Driver's License # _____
First Middle Int. Last

Phone Number: _____ Email Address: _____
 Employer: _____ Employer's Phone: (____) _____

Street Address of location you are moving into: _____ Apt #: _____

Your Mailing Address: _____ City: _____ State/Zip: _____
 This is the address you would like your utility bill mailed to. Please enter a PO Box if you have one.

Date you would like utilities put into your name: _____
 Renting? Yes ___ No ___
 Landlord's Name: _____ Landlord's Phone: (____) _____
 Primary Use: Primary Residence: ___ Secondary Residence: ___
 Short term Rental (Example - Air BNB or VRBO): ___ Commercial: ___
 List any other adults you would like to have access to the account information: _____

Provide previous addresses information:

Dates living at this residence: _____ until _____

Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
 Landlord: _____ Phone: (____) _____

Dates living at this residence: _____ until _____

Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
 Landlord: _____ Phone: (____) _____

Dates living at this residence: _____ until _____

Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
 Landlord: _____ Phone: (____) _____

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Do you have any outstanding utility bills at this time? _____ If yes, please explain: _____

The above provided information is true to the best of my knowledge. I authorize Shullsburg Municipal Utility to contact my previous utility providers and/or previous landlords.

In addition, I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Written notification is required when additional tenants move in or out of this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested on page one of this application until I notify the utility in writing that I have moved and am no longer responsible for this utility bill.

Applicant's Signature: _____ Date: _____

Spouse/Roommate Signature: _____ Date: _____

I acknowledge that I have received, read, and understand the Shullsburg Utility Collection Policy.

Applicant's Signature: _____ Date: _____

Spouse/Roommate Signature: _____ Date: _____

Office Use Only

Received By: _____ Date: _____ Approved/Denied Deposit amount Required \$ _____ Date Landlord Notified _____