

# City of Hillsboro Municipal Utilities

P.O. Box 447  
Hillsboro, WI 54634

## APPLICATION FOR SERVICE FOR RESIDENTIAL CUSTOMERS

The Following Information is **REQUIRED** For Utility Service

- NAME OF ADULTS RESPONSIBLE FOR BILL PAYMENT (**PLEASE PRINT**).  
(Request additional forms for all adults, ages 18 and over)

A.) \_\_\_\_\_  
(Last) (First) (Middle Initial)

B.) \_\_\_\_\_  
(Last) (First) (Middle Initial)

- THE OCCUPANTS HEREBY MAKE APPLICATION TO THE CITY OF HILLSBORO WATER UTILITY FOR SERVICE AT:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Day Telephone # (\_\_\_\_\_) \_\_\_\_\_  
and are subject to the rates, rules and regulations on file at the Public Service Commission Office.

MAILING ADDRESS:

P.O. Box /Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS:

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

TOTAL NUMBER OF PERSONS LIVING IN THE DWELLING: \_\_\_\_\_

TENANT(S) (1) \_\_\_\_\_ DOB \_\_\_\_\_

(2) \_\_\_\_\_ DOB \_\_\_\_\_

(3) \_\_\_\_\_ DOB \_\_\_\_\_

(4) \_\_\_\_\_ DOB \_\_\_\_\_

(5) \_\_\_\_\_ DOB \_\_\_\_\_

(6) \_\_\_\_\_ DOB \_\_\_\_\_

- **MOVE DATE** \_\_\_\_\_
- DRIVER'S LICENSE NUMBER: A.) \_\_\_\_\_ B.) \_\_\_\_\_
- SOCIAL SECURITY NUMBER (Last 4 digits): A.) \_\_\_\_\_ B.) \_\_\_\_\_
- HAVE YOU EVER HAD UTILITY SERVICE IN THE CITY OF HILLSBORO? [ ] YES [ ] NO  
If yes, when? \_\_\_\_\_
- LIST ADDRESS OF RESIDENCE IMMEDIATELY PRIOR TO APPLICATION.

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Day Telephone # (\_\_\_\_\_) \_\_\_\_\_

Number of years at last residence? \_\_\_\_\_

- WATER UTILITY THAT SERVED YOUR PRIOR RESIDENCE, THE ACCOUNT NUMBER AND TELEPHONE NUMBER (FOUND ON YOUR BILL).

Utility \_\_\_\_\_

Account # \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

- LIST ANY WISCONSIN WATER/SEWER UTILITY WHICH YOU MAY HAVE AN **OUTSTANDING** ACCOUNT BALANCE **WHICH IS STILL DUE** AND PAYABLE WHICH HAS ACCRUED WITHIN THE LAST SIX YEARS.

A. \_\_\_\_\_

B. \_\_\_\_\_

- EMPLOYER NAME, ADDRESS AND PHONE NUMBER.---- APPLICANT A.

Employer \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

EMPLOYER NAME, ADDRESS AND PHONE NUMBER. ---- APPLICANT B.

Employer \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- PROPERTY OWNERS NAME AND MANAGER (PLEASE PRINT).

Owner \_\_\_\_\_ Manager \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Owner (\_\_\_\_\_) \_\_\_\_\_ Telephone Manager (\_\_\_\_\_) \_\_\_\_\_

CURRENT POSSESSION OF PETS:

NUMBER OF DOGS \_\_\_\_\_ NUMBER OF CATS \_\_\_\_\_

**ALL pets must be licensed**

I understand the rules of the City of Hillsboro Utility Department and know if the rules are not abided by, I can be subject to disconnection of utility service. I also understand I am responsible for the utilities at the above address from the date of application until I notify the Utility that the service is no longer in my name.

Applicant A's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant B's Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFORMATION FOR FEDERAL GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Applicant:  I do not wish to furnish this information

Ethnicity:  Hispanic or Latino  NOT Hispanic or Latino

Race:  American Indian  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  
 White  Other (Specify) \_\_\_\_\_

Gender:  Female  Male