

# City of Hillsboro Municipal Utilities

P.O. Box 447, Hillsboro, WI 54634

[clerk@hillsborowi.com](mailto:clerk@hillsborowi.com)

608-489-2521

Fax# 608-489-3905

## 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 \_\_\_\_\_

- EFFECTIVE/MOVE DATE \_\_\_\_\_
- 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 \_\_\_\_\_