



**SOMERSET UTILITIES**  
**NEW UTILITY CUSTOMER - TENANT OR OWNER INFORMATION**

PHONE: 715-247-3395 FAX: 715-247-5790; 110 SPRING STREET, PO BOX 356

**1. NAME(S) OF PERSON(S) RESPONSIBLE FOR PAYING UTILITY BILLS:**

A. LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

B. LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

**2. MOVE IN OR MOVE OUT ----- RENTER OR NEW OWNER**

(Please circle)

(Please circle)

3. SERVICE ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

4. HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

5. DATE OF MOVE-IN OR OUT: \_\_\_\_\_ (Monday-Friday Only)

**6. DRIVER LICENSE INFORMATION:**

A. #: \_\_\_\_\_ STATE: \_\_\_\_\_ DOB: \_\_\_\_\_

B. #: \_\_\_\_\_ STATE: \_\_\_\_\_ DOB: \_\_\_\_\_

**7. PREVIOUS ADDRESS IF MOVE IN OR FORWARDING ADDRESS IF MOVE OUT:**

----- (Please Circle One Above) -----

\_\_\_\_\_  
\_\_\_\_\_

**8. HAVE YOU BEEN A SOMERSET UTILITY CUSTOMER BEFORE?**

\_\_\_\_ YES \_\_\_\_ NO IF YES, AT WHAT ADDRESS?

\_\_\_\_\_  
\_\_\_\_\_

**9. SHOULD BILLING STATEMENTS BE MAILED TO SERVICE ADDRESS?**

\_\_\_\_ YES \_\_\_\_ NO IF NO, MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

10. EMAIL ADDRESS: \_\_\_\_\_

11. PREFERRED GARBAGE RATE (Circle One) Under 32 Gallons Under 64 Gallons Under 96 Gallons

I certify that answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
A: Applicant Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
B: Applicant Signature

\_\_\_\_\_  
Today's Date

**Information confirmed by:** \_\_\_\_\_

New Customer Information Packet

ACCOUNT NUMBER \_\_\_\_\_