FOR OFFICE USE ONLY:
ACCOUNT NUMBER: _____

Mineral Point Water & Sewer Utilities Service Application

Applicant's Information:

Name: _____
First Middle Last

Phone #:_____ Date of Birth:_____

Employer: _____ Employer's Phone: _____

Co-Applicant's Information:

Name: _____
First Middle Last

Phone #:_____ Date of Birth:_____

Employer: _____ Employer's Phone: _____

****

Mailing address (If different from Service Address): _____
City State Zip Code

Service Address: _____Apt #:_____

Is this a Business/Commercial Space: _____Yes _____No

Closing Date/Lease Start Date: _____ No. of people in household _____
(48 HOURS ADVANCED NOTICE IS REQUIRED)

Landlord's Name: _____Landlords Phone #: (_____)_____

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Do you have any outstanding utility bills at this time? _____Yes _____No

If yes, please explain: _____

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Would you like to receive your bill by email? _____Yes _____No

If yes, email address: _____

Are you interested in having your water bill directly debited to us on the 21st of each month? _____Yes _____No

If yes, please ask for/print, complete, and return the Auto-Pay Application.

The above provided information is true to the best of my knowledge. In addition, I understand that 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 his location from the date requested on page one (1) of this application until I provide notice that I have moved and am no longer responsible for this utility bill. Further, I understand that if there are two or more applicants' names listed on this application, each applicant is jointly and severally liable for the utility bills incurred at the above listed address.

I/WE FURTHER AUTHORIZE THE MINERAL POINT WATER & SEWER DEPARTMENT TO BILL ME/US FOR SAID SERVICE AND I/WE AGREE TO PAY FOR SAID SERVICE AT RATES ON FILE WITH THE WISCONSIN PUBLIC SERVICE COMMISSION AND/OR CITY OF MINERAL POINT. FURTHER, THAT IN THE EVENT SAID SERVICE IS NOT PAID TIMELY, THE SERVICE SHALL BE DISCONNECTED ACCORDING TO THE RULES OF THE PUBLIC SERVICE COMMISSION.

Applicant's Signature: _____Date: _____

Co-Applicant's' Signature: _____Date: _____