

DODGEVILLE UTILITIES
New Commercial Utility Service Application/Termination Form

Business Service Address: _____ Current Account #: _____

Landlord/Owner: _____ Is this an ownership change? _____

Date to Read Meter: _____ (This is the date you are first responsible for the water/sewer at the above address if moving in or the last day you are responsible for the water/sewer if moving out.)

Information for New Business (Please print)

Name of Business: _____ Nature of Business: _____

Type of Business Entity: ___ Sole Proprietorship ___ Corporation ___ LLC ___ Partnership ___ Other _____

FEIN: _____ Business Phone: _____

Information for **NEW** Responsible Customers/Owner (Please print)

(Tenants: If you are moving out and don't know the new tenant's information, the account will revert back to the landlord.)

Applicant's Name: _____

Driver's License No.:

Date of Birth:

(Office Use Only) Driver's License or other photo ID verified by office personnel yes no (check one)

Phone (Required): _____ Applicant's Email Address: _____

Mailing Address: (If different from service address listed above: _____)

* Note - This section is only filled in if you are terminating service.

Information for **PREVIOUS** Responsible Customer

Name/Forwarding Address for Final Bill:

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 of this application until I provide notice that I have moved and am no longer responsible for this utility bill.

I/WE FURTHER AUTHORIZE THE DODGEVILLE UTILITIES 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 DODGEVILLE. 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: _____

Emergency Contact No: _____