



Request for Utility Service – Owner

PLEASE COMPLETE ALL INFORMATION & PRINT CLEARLY
Incomplete applications cannot be processed.

This form is used to establish/transfer residential service to a new Marshfield address only and NOT to be used with new construction. Marshfield Utilities requires one business day after receiving this completed Application for services to begin. If appropriate, a security deposit may be required when adequate proof of credit standing is not provided to Marshfield Utilities.

Current Address	New Service Address
Street: _____	Street: _____
City/State/Zip _____	City/State/Zip _____
<small>If current MU Customer</small> Date Service is to End: _____	Date Service is to Begin: _____

Marshfield Utilities reserves the right to require a signed application for utility service. Customer will be subject to current rates, rules and regulations as set in our tariffs approved by the Public Service Commission of Wisconsin. You are responsible to notify Marshfield Utilities when you vacate to end billing at the property You are liable for all charges incurred until the actual read-out of services. You are required to provide MU with any changes to contact information.

Owner #1 Full Legal Name: _____

Owner #1 SS# - -

Owner #1 Phone Number: () - _____ **Date of Birth** / /

Owner #1 Cell Phone: () - _____

Owner #1 Place of Employ: _____

Owner #1 Email Address: _____

Owner #2 Full Legal Name: _____

Owner #2 SS# - -

Relationship to Owner #1 Spouse Roommate

Owner #2 Phone Number: () - _____ **Date of Birth** / /

Owner #2 Cell Phone: () - _____

Owner #2 Place of Employ: _____

Owner #2 Email Address: _____

Mailing Address if different from service address

All information provided will be confidential. False information can be cause for disconnection per the Wisconsin Public Service Commission rule PSC113.0301. Residential service may be disconnected or refused for: (i)Failure of an applicant for utility to provide adequate verification of identity and residency, as provided in sub.(3).

Owner #1 Signature

Owner #2 Signature

One business day is required to terminate service and the final bill will be prepared within 15 days of termination.

OFFICE USE	S/O # _____	S/O Date: _____
	Acct# _____	Credit Checked _____
	MU Emp _____	Date Received _____