MARSHFIELD Utilities

Request for Utility Service - Renter

PLEASE COMPLETE ALL INFORMATION & PRINT CLEARLY

Incomplete applications cannot be processed.

This form is used to establish/transfer residential service at an existing 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	
If current MU Customer 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.

Renter #1 Full Legal Name:

Renter #1 SSN# | | | | - | | | - | | | | |

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

Renter #1 Cell Phone: ( ) -

Renter #1 Place of Employ:

Renter #1 Email Address:

Renter #2 Full Legal Name:

Renter #2 SSN# | | | | - | | | - | | | | |

Relationship to Renter #1 Spouse ☐ Roommate ☐

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

Renter #2 Cell Phone: ( ) -

Renter #2 Place of Employ:

Renter #2 Email Address:

Previous Address:

CONSENT TO DISCLOSE ACCOUNT INFORMATION TO LANDLORD (OR DESIGNEE)

I,_____ understand that by Wis Stat. my Landlord is given my Water & Sewer balances upon request. I further consent to Marshfield Utilities to share my total account balance with my Landlord. I do understand that no personal information will be shared at any time.

LANDLORD SECTION

By signing this form, you, the Landlord are verifying that, to your knowledge, the Renter responsible for the utility account is correct per Wis Stat. 66.0809.

Landlord Name

Mailing Address

Phone

Signature X

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).

X _____ Renter #1 Signature

X _____ Renter #2 Signature

One business day is required to end 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	

CustomerService@MarshfieldUtilities.org