



Request for Utility Service - Commercial

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

This form is used to establish commercial 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.

Service Address		Mailing Address (if different)	
Street:	_____	Street:	_____
City/State/Zip	_____	City/State/Zip	_____
Date Service is Needed: _____ / _____ / _____			

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.

Company Name:	_____
Company Phone Number:	() - _____
Contact/Owner Legal Name:	_____
Contact/Owner Phone Number:	() - _____
Contact/Owner Cell Phone:	() - _____
Contact/Owner Title:	_____
Contact/Owner Email Address:	_____

Company	FEIN#	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OR								
Owner	SSN#	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If choosing to complete SSN#, then Owner Date of Birth is required: _____ / _____ / _____

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).

_____ OR _____
 Owner Signature OR Contact Signature

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

If applicable Complete Tenant Information

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 Tenant responsible for the utility account is correct per Wis Stat. 66.0809.

Landlord Name	_____
Mailing Address	_____
Phone	() - _____
Signature	<input checked="" type="checkbox"/> _____

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

CustomerService@MarshfieldUtilities.org