



START Service



This application is to establish or transfer service at an existing Marshfield address only and should NOT be used with any new construction without FIRST obtaining the required permit(s)

Fields with (>) are required.

A

Marshfield Utilities ACCOUNT Information

> First Name MI > Last Name

> Date of Birth: / /

> Email Address > Re-Enter Email Address

Select One: Cell Line Land Line

> Phone Number (###) ### - #### > Social Security Number ###-##-####

Is there a second ADULT to be included on the account? Please select ONE below

YES - Spouse YES - Roommate YES - Other NO - there is no other ADULT

First Name MI Last Name

Date of Birth: / /

Email Address Social Security Number ###-##-####

B

NEW Address

This is where you would like service to be connected & billed.

> Street Apt#

> City > State > Zip Code

> **Select only ONE** I'm the OWNER I'm the RENTER

> **Select only ONE** This is a RESIDENCE This is a BUSINESS

> Date Service is to START: / /

C

OLD Address

This is where you last lived before moving to the above address.

> Street Apt#

> City > State > Zip Code

If current MU Customer

Date Service is to END: / /

Additional Notes (share any information that you believe will help us process this request. If none, type none)

TERMS - I understand that this application is to establish/transfer utility service to an existing Marshfield address and that I will be the billable party. I understand that Marshfield Utilities requires one business day after receiving this completed application for the service to begin. I understand that an incomplete application will not be processed and will delay my service request. I understand that a deposit may be required if adequate proof of credit standing is not provided to Marshfield Utilities. I understand that per PSC 113.0408(1)(2), Marshfield Utilities requires a written or electronically stored application to begin, change or end service. I understand that my service is subject to current rates, rules and regulations as set in the tariffs that have been approved by the Public Service Commission of Wisconsin. I further understand that I am liable for all charges incurred until I have submitted a valid request to end utility services and that my final bill will be prepared within 15 days of termination. I understand that I am responsible to keep my contact information current and that any change to phone number, email address or mailing address needs to be communicated to Marshfield Utilities. I understand that all information provided will be confidential. I further understand that false information can be cause for disconnection per Wisconsin Public Service Commission rule PSC 113.0301, "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)".

> Signature (agreeing to application and TERMS) Date

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