

Account Number _____

VIROQUA UTILITIES DEPARTMENT

202 N. Main Street

Viroqua, WI 54665

Phone: (608) 637-7186 Fax: (608) 637-3108

utclerk@mwt.net or utbill@mwt.net

APPLICATION FOR SERVICE FOR RESIDENTIAL CUSTOMERS

The following information is required for Utility Service

LEGAL NAME OF ADULTS RESPONSIBLE FOR BILL PAYMENT (Please Print)

* _____ DOB _____
Last First Middle Initial

Phone _____ Soc Sec _____ Dr License _____

* _____ DOB _____
Last First Middle Initial

Phone _____ Soc Sec _____ Dr License _____

THE OCCUPANTS HEREBY MAKE APPLICATION TO THE CITY OF VIROQUA WATER UTILITY FOR SERVICE AT:

SERVICE ADDRESS _____

And are subject to the rates, rules and regulations on file at the Public Service Office

MAILING ADDRESS (If different from service address):

Street _____

City _____ State _____ ZIP _____

Date Service Starts: _____

Total Number of Persons living in Dwelling: _____

Tenants: _____

Property Owner/Landlord/ Property Manager (Please Print):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Have you ever had water utility service in the City of Viroqua" [] Yes [] No

If yes, when? _____

Under what name? _____

List Address of Residence Immediately Prior to this Application:

Street: _____

City _____ State: _____ ZIP _____

List any Wisconsin Water/Sewer, Gas or Electric Utility Billing which remains undisputed and unpaid which has accrued within the last six years:

Utility Name: _____

Address: _____

"If you are a tenant and have an unpaid, undisputed billing from a prior address, the delinquent bill can be cause for disconnection of water service at the new address."

I understand I am responsible for payment for the utilities at the above address from the starting date of service on application, until I notify the Utility of a final water meter reading, and the service is no longer in my name.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____

For your convenience we offer Automatic Withdrawal from your bank.

Utilities Account# _____
Account Address : _____

Bank Authorization

If you complete and return this form to the VIROQUA MUNICIPAL UTILITIES, We will present it to your local bank. Upon their approval, a debit will be presented to your bank for your Water/Sewer bill.

Dated: _____

I, _____
NAME

of _____
ADDRESS

PHONE

ROUTING NUMBER

AUTHORIZE:

VIROQUA BANK	075901590
CITIZENS FIRST BANK	075902832
ANCHOR BANK	275971087
ASSOCIATED	075900575
FORTRESS BANK	075000734
WESTBY CO-OP CREDIT UNION	275982539

(circle one)

TO ACCEPT FROM VIROQUA MUNICIPAL UTILITIES, A DEBIT AGAINST MY CHECKING ACCOUNT # _____, FOR PAYMENT OF MY UTILITY WATER BILL. THE PAYMENT WILL BE DEDUCTED BETWEEN THE DATES OF THE 15TH AND 20TH EACH MONTH.

SIGNATURE

AS OF JULY 7, 1998 NONE OF THE ABOVE BANKS CHARGE A SERVICE FEE FOR THIS SERVICE. HOWEVER, IF AT SOME POINT IN TIME THEY DO BEGIN ANY SUCH SERVICE FEES. THOSE FEES WILL BE CHARGED OVER TO YOU THE CUSTOMER, ON YOUR MONTHLY BILL.