VIROQUA UTILITIES DEPARTMENT

124 W. Decker St Viroqua, WI 54665

Phone: (608) 637-7186 x319 Fax: (608) 637-3108

utbill@viroqua-wisconsin.com

APPLICATION FOR SERVICE FOR RESIDENTIAL CUSTOMERS

The following information is <u>required</u> for Utility Service

Must be returned with-in 10 days.

			_ DOB:
Last	First	M.I.	
Phone:	SSN:		DL:
*			DOB:
Last	First	M.I.	_
E-mail ac	Idress:	HE VIROQUA L	JTILITY DEPARTMENT FOR SI
E-mail ac OCCUPANTS HEREBY MAK SERVICE ADDR Subject to the rate	Idress:E AN APPLICATION TO THE ESS:es, rules and regulations	HE VIROQUA L	JTILITY DEPARTMENT FOR SI Oublic Service Commission
E-mail ac OCCUPANTS HEREBY MAK SERVICE ADDR Subject to the rate	Idress:E AN APPLICATION TO THE ESS:es, rules and regulations cee Starts:	HE VIROQUA L	JTILITY DEPARTMENT FOR SI Oublic Service Commission
E-mail ac OCCUPANTS HEREBY MAK SERVICE ADDR Subject to the rate Date Servi AILING ADDRESS: (If differe	Idress:E AN APPLICATION TO THE ESS:es, rules and regulations cee Starts:	HE VIROQUA Uon file at the F	JTILITY DEPARTMENT FOR SI Public Service Commission

Please complete both sides of this page

Property Owner/La	andlord/ Property	Manager (Plea	se Print):		
Name:					
Address:					
City:		State:	ZIP:		
Have you ever had	utility service in t	he City of Viro	qua?[] Yes [] No	
If yes, when	?				
Under what	name?				
List Address of Res	idence Immediate	ely Prior to this	Application:		
Street:				_	
City		State: _	ZIP		
List any Wisconsir is unpaid within t		as or Electric U	tility Billing whic	ch remains in o	dispute and/or
Utility Name	::				
Address	::				
*If you are a tenant and ha be cause for disconnection I understand I am respon- service on application, until name.	n of utility service	at the new add	dress. * es at the above	e address fro	m the starting date of
Applicant #1 Signature:			Date:		
Applicant #2 Signature:					

For your convenience we offer On-line Billing, Credit/Debit Payments or ACH