## VILLAGE OF BIRCHWOOD

101 N. Main Street Birchwood, WI 54817

## Application for Utility Service

## APPLICANT INFORMATION

Full Name:		SSN:
DL #/State:	DOB:	Email:
Employer:	Phone(s) Cell#:	Carrier:
Your spouse is NOT presumed to be a co-ap	APPLICANT INFORMATI oplicant. They MUST be added be shared unless they are on	and present an I.D. at application time. No
Full Name:		SSN:
DL #/State:	Phone:	Relation:
SERVI	CE LOCATION INFORMA	TION
Service Address:		Zip Code:
Mailing Address:		
		Primary Resident Seasonal Home
Are you the:	City/Stat	e: Zip:
Property Owner	Landlord Name:	
Closing Date:	Landlord Address:	
Tenant Lease Start:	Landlord Ph	one:
Have you previously had service with	us? Y / N	OFFICE USE ONLY
f yes, under what name?:		Reading:
at which address?:	<del></del>	
All applicants and contracts for service bbligated to pay for the service. Birch	e shall be made in the le wood utilities reserves t	egal name of the party to be the right to require written contract
or service to be furnished. I agree to	text messages regarding	utility related notices.
have read and understand the abov	e. I will be responsible fo	or utility costs at the above address.
Applicant Signature:		Date:
Co- Applicant Signature:		Date: