REEDSBURG UTILITY COMMISSION

ACCOUNT #_____

501 Utility Ct ♦ P.O. Box 230 ♦ Reedsburg, WI 53959 ♦ Phone: 608-524-4381 ♦ FAX: 608-524-2423 ♦e-mail: ruc@rucls.net

Residential Application for Service

Type ☐ Move In (existing service) ☐ New Service ☐ Upgrade Existing Service

Services Requested ☐ Electric ☐ Water ☐ Sewer ☐ Storm Water

Status ☐ Owner ☐ Tenant ☐ Land Contract _____

Date of Application _____ If land contract, list seller_____

Date Service is requested by _____

Name of Applicant _____ _____ _____
First middle initial last

Maiden Name or other names used during the last 10 years _____

Drivers Lic# _____ **S.S. #** _____

Date of Birth _____ **Cell Phone #** _____

Have you previously been a customer of Reedsburg Utility? ☐ Yes ☐ No

Name of 2nd Applicant _____ _____ _____
First middle initial last

Maiden Name or other names used during the last 10 years _____

Drivers Lic# _____ **S.S. #**_____

Date of Birth _____ **Cell Phone #** _____

Have you previously been a customer of Reedsburg Utility? ☐ Yes ☐ No

Service Address _____**Apt#** _____ **Lot#** _____

Mailing Address (if different) _____ **City** _____ **State** _____ ZIP_____

Home Phone # _____ **Work Phone #** _____ **e-mail address** _____

Previous Address _____**City** _____**State** _____ **ZIP** _____

Previous Electric Supply Company _____ State _____
(A letter of credit is required from your previous electric provider)

If you rent this service location:

Name of Landlord _____ **Landlord Phone#** _____

Landlord Address _____ City _____ State _____ ZIP _____

The undersigned warrants that the information on this application is true, provided without intentional omission.

Applicant Signature _____ **Date** _____

2nd Applicant Signature _____ Date _____

Landlord Signature (if applicable) _____ **Date** _____

Reedsburg Utility may require positive identification and/or a service deposit as allowed by the Wisconsin Public Service Commission. Before service can be furnished, this application must be completed in full and submitted to Reedsburg Utility Commission. Missing or incomplete information will delay service. A copy of the building / electric permit must be proved prior to service connection for new or upgraded services.

REEDSBURG UTILITY COMMISSION

ACCOUNT #_____

CSR: _____

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Application for Service continued…

Electrician to complete this side of application if this is a New Service or Upgrade!

Service Information

☐ New ☐ Upgrade

☐ Temporary ☐ Permanent

☐ Overhead ☐ Underground

☐ Single Family ☐ Duplex ☐ Multi-Family ☐ Commercial ☐ Other _____

☐ Single Phase ☐ Three Phase ☐ Other _____

☐ 120/240Volt Split Ph ☐ 120/208Volt Wye ☐ 277/480Volt Wye ☐ 120/240Volt Delta

☐ 240/480 Delta ☐ Other _____

☐ 100Amp ☐ 200Amp ☐ 400Amp ☐ 800Amp ☐ 1000Amp ☐ 1200Amp

☐ Other _____

Metering Requirements (to be completed by Reedsburg Utility)

☐ Instrument Rated ☐ Self Contained

☐ Ganged Socket No. of Sockets _____ ☐ Supplemental Apt. Information Required from Customer

☐ CTs _____ ☐ PT _____

☐ Instruments in CT/PT Cabinet ☐ Instruments in Switch ☐ Switch Data/Doc. Required

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For convenience to the Electrician, this section may be separated and completed at the time service is requested to be energized.

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Wiring Statement Information

The Electrician states that the wiring for electricity was performed on the premises described and represents that all work complies with the provision of the Wisconsin State Electrical Code. The Electrician further represents that all self-contained meter sockets have been properly assigned to the serving main of the addresses described and authorizes Utility personnel to energize the service.

Service Address _____ **Apt#** _____ Lot# _____

Electrician Name _____ **Electrician Company** _____

Electrician Address _____ **City** _____ **State** _____ **ZIP** _____

Electrician Phone # _____

Signature of Electrician _____ Date _____

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