



ACCOUNT # _____

Residential Application for Service

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

Services Provided Electric Water Sewer Storm Water
Status Owner Tenant Land Contract (list seller) _____

Date of Application _____ Date Service is requested by _____

Name of Applicant _____
First middle initial last

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

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

Date of Birth _____ e-mail address _____

Drivers Lic# _____ State _____ S.S. # _____

Cell Phone # _____ Home Phone # _____ Work Phone # _____

Name of 2nd Applicant _____
First middle initial last

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

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

Date of Birth _____ e-mail address _____

Drivers Lic# _____ State _____ S.S. # _____

Cell Phone # _____ Home Phone # _____ Work Phone # _____

Service Address _____ Apt# _____ Lot# _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Previous Electric Supply Company _____

City _____ State _____ Zip _____

A letter of credit is required from your previous electric provider. Please sign the Utility Reference form on the back of this page.

If you rent this service location:

Name of Landlord _____ Landlord Phone# _____

Landlord Address _____ City _____ State _____ ZIP _____

Landlord Signature (if applicable) _____ Date _____

Reedsburg Utility requires positive identification. A service deposit may be required 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.

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

Applicant Signature _____ Date _____

2nd Applicant Signature _____ Date _____



Utility Reference Form

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

To Whom It May Concern:

Date: _____

The individual listed below is applying for our Utility's services. We are requesting that your company provide us with a letter of credit so we can finish the application process. Please complete and fax the following form to 608-524-2423.

Customer Authorization: _____
(Signature)

Date: _____

Utility Name: _____

Customer Name: _____

Account #: _____

Former or Current address: _____

Length of service From _____ To _____
(Month/Year)

Number of late payments during the most recent 12 months of service _____

Number of times disconnected for non-payment during the most recent 12 months of service _____

Outstanding Balance YES NO Due Date _____

Number of checks returned in the last 12 months _____

Meter tampering at any time YES NO

Additional comments _____

If you have any questions regarding this request please contact us at 608-524-4381.

Thank you,
Customer Service
Reedsburg Utility Commission