



**REEDSBURG
UTILITY
COMMISSION**

Application for Water Service

To be completed by person(s) responsible for billing

ACCOUNT # _____

Local people working together to meet local needs

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

Date Service Requested by _____

Date of Application _____

Company _____

Federal ID# _____

(If applicable)

Tax Exempt: Yes or No If yes, Tax Exempt # _____

Status Owner Tenant
 Single Family Duplex Multi-Family Commercial Industrial Municipal

Customer _____
 First Initial Last

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

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

Date of Birth _____ e-mail address _____

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

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

Spouse or 2nd Responsible Party _____
 First Initial last

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

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

Date of Birth _____ e-mail address _____

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

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

Service Address _____ Apt# _____ Lot# _____
 (If multiple addresses, please list below)

Billing Address (if different) _____ City _____ State _____ ZIP _____

Previous Address _____ City _____ State _____ ZIP _____

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, and provided without intentional omission.

Applicant Signature _____ Date _____

2nd Applicant Signature _____ Date _____

Landlord Signature (if applicable) _____ Date _____

Important: Reedsburg Utility requires 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 permit must be provided as well as payment of applicable fees prior to service connection. **SEE REVERSE SIDE!**

Application for Water Service



To be completed by plumber

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Complete this side of Application if a Meter Setting is Requested!

Customer Name: _____ **Phone #** _____

Service Address: _____ **Apt#** _____ **Lot#** _____
 (If multiple addresses, please list below)

Service Information:

- New Change Existing Service Service Size _____
 Temporary Permanent Seasonal
 Private Fire Protection _____ / _____ (If Multiple Fire Protection Services, please list below)
 _____ / _____ _____ / _____ _____ / _____

Water Impact Fee Fee Does Not Apply - Explain: _____

Important: Before water service is furnished, this form must be completed and returned to Reedsburg Utility Commission, along with a copy of the Building Permit, and payment for the appropriate Impact Fee.
 This is not a tapping or service fee. It is an impact fee based upon meter size! If the meter size needs to be changed, an impact fee will be charged for the difference in meter size.

For office use only:

Qty	Meter Size	Equivalency	Unit Fee	Total Fee
	5/8" & 3/4" Multi Family	0.75	\$473.00	
	5/8" & 3/4" Single/Duplex	1	\$631.00	
	1"	2.5	\$1,576.00	
	1 1/2"	5	\$3,153.00	
	2"	8	\$5,044.00	
	3"	15	\$9,458.00	
	4"	25	\$15,763.00	
	6"	50	\$31,527.00	
	8"	80	\$50,443.00	

Rate changes effective 9-12-19

Received by: _____

Date: _____

Amount Paid: \$ _____

Stamp "PAID" here

Plumbing Statement / Information:

The Plumber states that all plumbing performed under this permit at this service location is in compliance with the State Plumbing Code of Wisconsin. The Plumber further represents that all meter settings have been properly marked and identified in situations involving multiple meters.

Plumber's Name _____ **Plumber's Company** _____
Plumber's Address _____ **City** _____ **State** _____ **ZIP** _____
Plumber's Phone # _____ **Building Permit #** _____
Signature of Plumber or Owner _____ **Date** _____