

MONTICELLO UTILITIES

PO BOX 147, MONTICELLO, WI 53570
PHONE: (608) 938-4383 FAX: (608) 938-4352

**UTILITY SERVICE FORM
MOVING OUT**

Service Address: _____ **End Date of Service:** _____

Customer Information

Your customer information is confidential and will be used by Monticello Utilities (MO) to validate the identities of all parties for this utility account and thereafter to verify the identity of those parties authorized to make inquiries or changes to this account. To meet Federal Trade Commission Identity Theft requirements and for your own protection, a photo ID for each responsible party must be provided and verified by MO staff. We cannot discuss the account with anyone whose identity has not been validated.

****All customers listed on the utility bill must sign the form****

Applicant Name: _____
First Middle Last

Mailing Address: _____
If different than service address

Telephone/Cell No: _____ Email: _____

Date of Birth: _____ Last 4 Digits of S/S No: _____ Driver's License No: _____

Other Responsible Party Information

Name: _____
First Middle Last

Mailing Address: _____

Telephone/Cell No: _____ Email: _____

Date of Birth: _____ Last 4 Digits of S/S No: _____ Driver's License No: _____

Final Billing Information

New Mailing Address: _____
Street or PO Box City State/Zip

Landlord's Name: _____ (if applicable)

Do you have any outstanding utility bills at this time? YES NO
 If yes, please explain: _____

Applicants Signature

Applicant warrants that all information on this application is true and provided without intentional omission.

Applicant Signature: _____ Date: _____

Other Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Account #: _____

Driver's License or other photo ID verified by office personnel YES NO (circle one) Initials: _____

Date of Final Reading: _____ Final Meter Reading: _____

Date Final Bill Mailed: _____