

MONTICELLO UTILITIES

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

**UTILITY SERVICE FORM
COMMERCIAL**

Application must be submitted with five (5) business days of start of service or services may be disconnected. Missing or incomplete information may delay the start of services. False information can be cause for disconnection of service and/or construed as a "red flag" under Federal Trade Commission guidelines and may be reported to authorities. **PLEASE PROVIDE A W-9 FORM** for verification purposes.

Service Address: **First Date of Service:**

Type: Move In (Existing service) New Service Upgrade Existing Service

Services Requested Permanent Temporary Seasonal

Status Owner Tenant

Applicant Information

Business Name: _____ Contact Name _____

Billing Address: _____
If different than service address

Telephone/Cell #: _____ Business Phone #: _____

Email: _____

Have you previously been a customer of Monticello Utilities? YES NO

Tax Exempt: YES No If yes, Tax Exempt # _____ Federal ID # _____

- If Tax Exempt, please provide us with a copy of your Exemption Certificate (form IRS S-211).

Applicant Agreement

As the applicant, I agree to abide by the Rules and Regulations set forth by Monticello Utilities and the Village of Monticello and to pay for services at the specified rates from the above date. It is understood that copies of the Rules, Regulations and Rates are available for review. Applicant(s) understand that utility charges must be paid in full on or before the due date of each month or service(s) may be subject to disconnection. A 1% late payment penalty will be charged to any unpaid balance not paid on or before the due date. Any unpaid balances as of November 15 of each year will be placed on the tax roll and become a lien against the property. I/we understand that it shall be my responsibility to notify this office when service is to be terminated or changed from my name. Applicant warrants that all information on this application is true and provided without intentional omission.

Applicant Signature: _____ Date: _____

SEE BACK FOR OWNER/TENANT AGREEMENT

FOR OFFICE USE ONLY:

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

Owner Information

Owner Name: _____

Mailing Address: _____

Telephone/Cell No: _____ Email: _____

Owner Agreement

I hereby request that the Utility sends all bills directly to the tenant and waive my right to receive all bills relative to water usage, sanitary sewer, sanitation and public fire protection for the above service address. I understand that any unpaid balances as of November 15 of each year will be placed on the tax roll and become a lien against the property. I also understand that if at anytime my tenant requests discontinuation of service and the Utility has not received a tenant occupied form for a new tenant, the account will then default back into my name.

Owner Signature: _____ Date: _____

**Optional – owners of rental dwellings may elect to be notified of past due charges within 14 days of the date on which the tenant's charges become past due. If you wish to receive such notification, you must attach a copy of the rental or lease agreement in which the tenant assumes responsibility for the payment of utility charges.

Tenant Agreement

As the tenant, I agree to abide by the Rules and Regulations set forth by Monticello Utilities and the Village of Monticello and to pay for services at the specified rates from the above date. It is understood that copies of the Rules, Regulations and Rates are available for review. Tenant(s) understand that utility charges must be paid in full on or before the due date of each month or service(s) may be subject to disconnection. A 1% late payment penalty will be charged to any unpaid balance not paid on or before the due date. I authorize release of information pertaining to this account to the owner/management company. This information may include but is not limited to, my consumption, bill amounts, and payment information. Tenant warrants that all information on this application is true and provided without intentional omission.

Tenant Signature: _____ Date: _____

Tenant 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: _____