MONTICELLO UTILITIES

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

UTILITY SERVICE FORM RESIDENTIAL

Application must be submitted **IN PERSON** 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.

Service Address:				First 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					
Owner Name:					
Owner rame.	First	Middle		Last	
Mailing Address:					
Mailing Address: If different than service address					
Telephone/Cell No:	Email:				
Date of Birth:	Last 4 Digits of S	Last 4 Digits of S/S No: Driver's License No:			
Other Responsible Party Information					
Name:					
Mailing Address:	First	Middle		Last	
Telephone/Cell No: Email:					
Date of Birth:	Last 4 Digits of S	/S No:	Driver'	s License No:	
Have you been billed by this utility in the past? YES NO Address:					
Have you had utility service disconnected due to non-payment of bill within the past 12 months? YES NO					
Do you have any outstanding utility bills at this time? YES NO If yes, name of Utility & Phone No:					
Owner Agreement					
for services at the spectreview. Applicant(s) unsubject to disconnection unpaid balances as of Not contact my previous months service if it is of it shall be my responsible.	ified rates from the above danderstand that utility charges in. A 3% late payment penal-November 15 of each year wutility provider and I furthe liscovered that I do have a h	atte. It is understood is must be paid in full ty will be charged to ill be placed on the runderstand that I istory of outstandingen service is to be to	that copies ill on or befo o any unpai tax roll and may be requ ig utility bil terminated	of the Rules, Regulations and of the Rules, Regulations and ore the due date of each mont id balance not paid on or beford become a lien against the praired to pay a utility account of ls and/or poor payment historior changed from my name. O	d Rates are available for h or service(s) may be the due date. Any operty. I authorize MO deposit equal to two ry. I/we understand that
Owner Signature:				Date:	
Other Signature:				Date:	
FOR OFFICE USE ON Date Received:	NLY:			Account #:(circle one) Initials:	