

# VILLAGE OF BIRCHWOOD

101 N. MAIN STREET  
BIRCHWOOD, WI 54817

# Application for Utility Service

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DL #/State: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone(s): \_\_\_\_\_ / \_\_\_\_\_

## CO-APPLICANT INFORMATION

Your spouse is NOT presumed to be a co-applicant. They MUST be added and present an I.D. at application time. No information will be shared unless they are on this application.

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DL #/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## SERVICE LOCATION INFORMATION

Service Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you the:

Landlord Name: \_\_\_\_\_

\_\_\_\_\_ Property Owner  
Closing Date: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

\_\_\_\_\_ Tenant  
Lease Start: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Have you previously had service with us? Y / N

If yes, under what name?: \_\_\_\_\_

At which address?: \_\_\_\_\_

OFFICE USE ONLY	
Meter Reading:	_____
Date Read:	_____

All applicants and contracts for service shall be made in the legal name of the party to be obligated to pay for the service. Birchwood utilities reserves the right to require written contract for service to be furnished.

I have read and understand the above. I will be responsible for utility costs at the above address.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_