

**APPLICATION FOR UTILITY SERVICE
WHITEHALL ELECTRIC UTILITY
WHITEHALL WATER AND SEWER UTILITIES
36295 MAIN ST, WHITEHALL, WI 54773
715-538-4353**

Residential: Own _____ Rent _____

Commercial: Own _____ Rent _____

Date to Begin Service: _____ Phone#: _____

Email Address: _____

Name of Customer(s): _____

Service Address: _____

Mailing Address (if different from above): _____

Previous Address: _____

Social Security #: _____ Joint Applicant #: _____

Driver's License # or I.D. #: _____ Joint Applicant #: _____

Employer: _____ Work Phone #: _____

Joint Applicant's Employer: _____ Work Phone#: _____

Have you been billed by this utility in the past (in your name)? Yes ____ No ____

Have you had utility service interrupted due to non-payment of a bill within the past 12 months? Yes ____ No ____

Do you have a balance owed at another utility? Yes ____ No ____

If so, please give name & location of utility: _____

I agree to abide by the rules and regulations set forth by this utility and to pay for services at the specified rate. I understand that non-payment of utility bills could result in interrupted service and require posting of a deposit.

IF THE INFORMATION PROVIDED INDICATES YOU HAVE A PAST DUE BALANCE WITH ANOTHER UTILITY; OR IF YOU HAVE AN OUTSTANDING ACCOUNT BALANCE WITH WHITEHALL UTILITIES; YOU WILL BE CHARGED A SECURITY DEPOSIT AS FOLLOWS:

New Customer of Whitehall Utilities – The estimated gross bill for any 3 consecutive billing periods, as determined by the Utility.
Previous Customer – 3 consecutive months of customer's previous gross bills, as determined by the Utility.

The above deposits will be returned”
When you discontinue service (upon paying entire balances owed); OR
After 1 year of timely payments to the Utilities.
Interest will be paid on the deposits, at a rate determined by the Public Service Commission.

UPON TERMINATION OF THIS SERVICE I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE UTILITY TO REQUEST MY SERVICE BE TERMINATED OR CHANGED FROM MY NAME.

Signature of Applicant(s) _____ Date _____

_____ Date _____