



Today's Date: _____ Move In Date: _____

Service(s) Application for Billing Purposes

Located at 321 Milwaukee Street in Menasha Office: (920)967-3400/3401
Menasha Utilities must have one business day advance notice to schedule your move in / move out.

In accordance with Menasha Utility's Identity Theft Prevention Program and for your protection, this application must be submitted in person along with a photo id at our office located at 321 Milwaukee Street in Menasha.

Buying _____

Renting _____ If renting, Landlord section at the bottom must be completed by Landlord in order to process.

Address where Service(s) are to be provided _____
Address Street Name Apt City State Zip

Mailing address if different from Service Address: _____
Address Street Name Apt City State Zip

Primary Name to be on bill: _____
First Last Middle Initial

Date of Birth _____ Drivers Lic # _____ or Federal ID# if Commercial _____

Cell Ph: _____ Home Ph: _____ Work: _____

Social Security number for account access _____

Email Address: _____

Secondary Name to be on bill: (Optional) _____
First Last Middle Initial

Date of Birth _____ Driver's Lic # _____

Cell Ph: _____ Home Ph: _____ Work: _____

You must provide a phone number where you can be reached.

Do you currently have service with Menasha Utilities at a different address? Yes No (Please circle) If yes, do you need a final reading? Yes No If yes, date of final reading: _____ for addressing moving from _____
Please note, we need one business day advance notice to schedule a final reading. Address Street Name Apt.

If you are not currently a Menasha Utilities customer, what was your address immediately prior to this application?

Address Street Name Apt City

Must be signed to be valid. Customer Signature: _____ Date: _____

Photo ID may be required. Customer Signature: _____ Date: _____

Menasha Utilities (MU) reserves the right to require a signed application for utility service. Customer will be subject to current rates, rules, and regulations as approved by the Public Service Commission of Wisconsin. You must notify MU when you vacate to end service at the address you are vacating or you will be liable for any charges incurred after you have moved. Application for service shall be made in the legal name of the party obligated to pay for service.

**All information provided will be confidential. False information can be cause for disconnect per Public Service Commission of Wisconsin Service rules PCS 113.0301. Residential service may be disconnected or refused for: (i) Failure of an applicant for utility service to provide adequate verification of identity and residency, as provided in sub.(3).

Landlord Section

Landlord's Name: _____ Address: _____

City/State/Zip _____ Phone # _____

Signature: _____ (must be signed in order to process) .

By signing this form, you, the Landlord are verifying that the tenant responsible for the utility account is correct. Per the Wisconsin State Statute 66.0809.

Staff Use Only:

Verify the following information when receiving application for service:

Date of Birth: _____ Photo ID: _____ Signature: _____ MU representative Initials: _____