Mineral Point Water & Sewer Utilities Service Application

Applicant's Information:				
Name:				
First Phone #:		Last		
Thone #		Ji bii tii		
Employer:	Emplo	yer's Phone:		
Co-Applicant's Information:				
Name:				
First Phone #:				
Employer:	Emplo	Employer's Phone:		

Mailing address (If different from Servic	city	State	Zip Code	
Service Address:			Apt #:	
Is this a Business/Commercial Space:	YesNo			
Closing Date/Lease Start Date:	No. of people in hous	ehold		
Landlord's Name:	Landlords Phone #: ()		

Do you have any outstanding utility bills	at this time?YesNo			
If yes, please explain:				

Would you like to receive your bill by em	ail?YesNo			
If yes, email address:				
Are you interested in having your water I			YesNo	
If yes, please ask for/print, complete, and	d return the <u>Auto-Pay Application</u> .			
The above provided information is true to the best changes in occupancy at this location. Written not that I am responsible for the utility charges incurre that I have moved and am no longer responsible fo this application, each applicant is jointly and sever I/WE FURTHER AUTHORIZE THE MINERAL POINT W	ification is required when additional tenaned at his location from the date requested or this utility bill. Further, I understand the ally liable for the utility bills incurred at the	nts move in or out of this on page one (1) of this ap at if there are two or more he above listed address.	ocation. Further, I understan plication until I provide notice applicants' names listed on	
SAID SERVICE AT RATES ON FILE WITH THE WISCOM EVENT SAID SERVICE IS NOT PAID TIMELY, THE SER	NSIN PUBLIC SERVICE COMMISSION AND/ VICE SHALL BE DISCONNECTED ACCORDIN	OR CITY OF MINERAL POIN IG TO THE RULES OF THE P	IT. FURTHER, THAT IN THE UBLIC SERVICE COMMISSION	
Applicant's Signature:	Date:			
Co-Applicant's' Signature:	Date:			