

**CITY OF FOX LAKE WATER/SEWER UTILITIES**

**248 E. State Street, Fox Lake WI 53933-0105**

**920-928-2280**

**APPLICATION FOR UTILITY SERVICE**

Applicant(s) Full Name: \_\_\_\_\_

Additional adult occupants (over 18): \_\_\_\_\_

Service Address: \_\_\_\_\_

Ownership Status: (circle one)                      Own        /        Rent

If Renter, Name of Landlord: \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_

Date to Start/Activate Service: \_\_\_\_\_

Mailing/Billing Address (if different than service address):

\_\_\_\_\_

Current Phone #:                      Home/Cell: \_\_\_\_\_

\_\_\_\_\_

Work:

Applicant(s) Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

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I/we agree to the following: (Please initial)

- \_\_\_\_\_ 1. I/we agree to give access to my meter(s) at all times
- \_\_\_\_\_ 2. I/we agree to be responsible for all amounts due while service is in my name.
- \_\_\_\_\_ 3. I/we understand that bills are due by the **20<sup>th</sup> of the month**. Bills not paid by the due date will be sent a disconnection notice and will be subject to termination of service(s).
- \_\_\_\_\_ 4. I/we understand that it shall be my responsibility to notify the city clerk or city treasurer when service is to be terminated or changed from my name.

Applicant(s) Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_