

**APPLICATION FOR PERMANENT UTILITY SERVICE/SAUK CITY UTILITIES**

726 Water St Sauk City, WI 53583 Office (608)643-3932 Fax (608)643-2462

Website: [www.saukcity.net](http://www.saukcity.net)

Residential: Own \_\_\_\_\_ Rent \_\_\_\_\_

Commercial: Own \_\_\_\_\_ Rent \_\_\_\_\_

**PLEASE PRINT**

**Applicant's Name:** \_\_\_\_\_  
 (primary name responsible for bill)  
**Cell Ph #** \_\_\_\_\_ **Home Ph #** \_\_\_\_\_ **Work Ph #** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
**Mailing Address** (if different than service address): \_\_\_\_\_  
**Date responsible for service:** \_\_\_\_\_  
**Driver's License Number** \_\_\_\_\_ (or other identification)  
 Sauk City Utilities reserves the right to require a signed application for utility service. You must notify Sauk City Utilities when you vacate to end service at the address you are vacating. Otherwise you could 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 disconnection.

Have you been served by Sauk City Utilities in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a medical condition that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

(If you have a condition that requires uninterrupted electrical service please let us know)

I agree to abide by the rules and regulations set forth by Sauk City Utilities and to pay for services at the specified rate. **I understand that a non-payment of utility bills could result in interrupted service and require posting a deposit.** It is understood that current copies of the utility rules, regulations and rate are on file at the utility office and available to me for my information. Upon termination of this service I understand that it is my responsibility to notify the Utility to request my utility service to be terminated or changed from my name.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Approved by: Utility Signature & Date

**LANDLORD SECTION**

**LANDLORD NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ (must be signed in order to process)

***SIGNING THIS FORM, YOU, THE LANDLORD ARE VERIFYING THAT THE TENANT RESPONSIBLE FOR THE UTILITY ACCOUNT IS CORRECT. PER THE WISCONSIN STATE STATUE 66.0809.***

THE FEDERAL TRADE COMMISSION REQUIRES ALL MUNICIPAL UTILITIES TO HAVE IN PLACE AN "IDENTITY THEFT PREVENTION PROGRAM". IN ACCORDANCE WITH THE FTC REQUIREMENTS AS WELL AS FOR YOUR PROTECTION, SAUK CITY UTILITIES REQUIRES YOU TO SUBMIT AN APPLICATION FOR SERVICE IN PERSON ALONG WITH A PHOTO I.D. FAILURE TO PROVIDE PROPER PROOF OF IDENTIFICATION MAY BE CONSTRUED AS A RED FLAG AS SET BY THE FTC AND MAY BE REPORTED TO THE AUTHORITIES.