

**Stetsonville Water and Sewer Dept.**

**PO Box 219**

**Stetsonville WI 54480**

Phone 715-678-2191

Email: clerk@villageofstetsonvillewi.gov

*Please fill out this section and return to the Clerk/Treasurer's office along with a copy of your driver license (both if a joint account)*

**WATER AND SEWER SERVICES**

Today's Date \_\_\_\_\_

Service address:

Name(s) to be on account- Joint/single

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name(s) of party (ies) responsible for payment: (print)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Previous Address:

\_\_\_\_\_

The party(ies) responsible for payment represents that the information contained herein is correct and agrees to take all applicable services in accordance with the Utility's rules and regulations.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER'S LICENSE MUST BE INCLUDED**

**APPLICATION FOR**

**UTILITY SERVICE**

Effective date of service: \_\_\_\_\_

Billing address:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Property Owner (if you are a tenant)

\_\_\_\_\_

Do you have any outstanding accounts with Wisconsin Water/Sewer/Electric Utility or Coop which is accrued during the last six years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes—Name of Utility

\_\_\_\_\_

\_\_\_\_\_

**You may opt to receive your bill by email: Yes No**

Email: \_\_\_\_\_

Do you want auto withdrawal? Yes No (form required)