

## Application for Commercial Utility Service

Welcome to Stoughton Utilities! To obtain utility services at your new address and provide account holder identification (Driver's License or other State of WI issued identification), please complete and return this service application, in person, on or before the requested service date to 600 S Fourth St. Stoughton, WI. Our office hours are Monday-Friday 8:00am to 4:00 pm. After hours, you may also return your application, in person, before the requested service date to the City of Stoughton Police Dept. 321 S Fourth St. Stoughton, WI. Thank you for your assistance.

Service Address:					
Effective Date: _					
Business Name _				Tax ID #	
Applicant (1) _				Driver License#	
	(First)	(Middle Initial)	(Last)	(Or other Photo ID)	
				Date of Birth:	
Applicant (2)					
_	(First)	(Middle Initial)	(Last)	(Or other Photo ID)	
				Date of Birth:	
_					
(if other than service address)					
Property Owner					
Previous Business (if applicable)	s Address: _				
Type of Business: _					
Signature (1)*:			Date:		
Signature (2)*:_			Date:		

\*The applicant understands and acknowledges that by signing this application for service, he/she is accepting responsibility for payment of the utility bills and that non-payment will result in the disconnection of service. Please note that because of the uncertainties inherent in a business, we are requesting a deposit to guarantee payments of future utility billings. The deposit amount will be based on the highest two consecutive bills for past usage at your present location. Thirty days are provided to secure the deposit, provide a guarantee of payment satisfactory to the utility, or establish a payment agreement.

600 S. 4th St. / PO Box 383 Office 873-3379 Fax 873-4878 www.stoughtonutilties.com