

CUBA CITY MUNICIPAL UTILITIES
108 N MAIN STREET, CUBA CITY, WI 53807
608-744-8735

APPLICATION FOR UTILITY SERVICE

Date of Application _____

Name(s) Requested on Utility Bill: _____

Additional adult occupants (over 18): _____

Service Address: _____

Ownership Status: (circle one) Own / Rent

If Renter, Name of Landlord: _____

Date Service was Started: _____

Have you been billed by this utility in the past? Yes / No Address: _____

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

Previous Address: _____

Have you had utility service disconnected due to non-payment of bill within the past 12 months? Yes / No

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 5th 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 this office when service is to be terminated or changed from my name.

Applicant(s) Signature: _____

Applicant(s) Driver's License #: _____

Applicant(s) Date Of Birth: _____

Current Phone #: Home/Cell: _____ Work: _____

Applicant(s) E-mail _____

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For Office Use Only:

Date Received: _____

Account #: _____