



**Employment Information:**

a) Your current place of employment? \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

a) Spouse's (other occupant) current employer? \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

**Utility Reference Information:**

Please list the past 2 service addresses and the previous 2 utility providers.

1. Street Address & City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Street Address & City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Information:**

Legal Business Name \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

**Do you require electric power for any medical equipment? Please circle: Yes/No**

**If yes, we require that a critical needs form be completed.**

**Are you interested in our automatic bill payment service? Please circle: Yes/No**

- Algoma Utilities is regulated by the Public Service Commission (PSC) of Wisconsin.
- Delinquent accounts will be assessed late payment charges per PSC rates.
- Delinquent accounts are subject to disconnection per PSC rules and may be subject to credit bureau reporting.
- Falsified information can be cause for disconnection per PSC rules.
- Delinquent accounts become a lien on property served and will be assessed according to current Wisconsin Statutes.
- If you sell your property, the new owner is notified of the final account balance.
- If you are a tenant, your landlord will be notified by mail of any past due balance.

**Password required for access to account information.** Please choose something **that you will remember**, i.e. last 4 digits of social security number, phone number, birth date, etc.: \_\_\_\_\_

**I (we) have read, completed and understand the service agreement.**

**Customer Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Spouse (or second occupant) Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

***Date you would like service to begin:*** \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Utility use only.*

**Reviewed application** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Verified ID** \_\_\_\_\_ **Recorded password in billing (validated)** \_\_\_\_\_