



People you know. Service you trust, since 1904.

1407 Flora Avenue • Algoma, WI 54201 • (920) 487-5556

algomautilities.com email: algomautilities@algomautilities.com

Shared strength through WPPI Energy

# APPLICATION FOR SERVICE

Name(s) \_\_\_\_\_ Service Address \_\_\_\_\_  
HOUSE # STREET APT #

Mailing Address (if different from above) \_\_\_\_\_  
HOUSE # STREET APT # CITY STATE ZIP

Start Date of Service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Prior Service: Y N AutoPay: Y N

Are you a renter? Y N If Yes, Landlord's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Commercial/Short-Term Rental  Primary Home  Second Home  Landlord Other \_\_\_\_\_

Does anyone in the home require electric power for any medical equipment? Y N If YES, we require that a critical needs form be completed.

Primary Name on Bill \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST MI LAST MAIDEN NAME

Social Security No./FEIN \_\_\_\_\_ Driver's License/State ID Number \_\_\_\_\_

Employer \_\_\_\_\_ Please provide a four digit pin to confirm identity \_\_\_\_\_

Previous Address \_\_\_\_\_  
HOUSE # STREET APT # CITY STATE ZIP

You MUST provide a number where you can be reached: Home/Cell Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Emergency Number (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Secondary Name on Bill \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST MI LAST MAIDEN NAME

Social Security No./FEIN \_\_\_\_\_ Driver's License/State ID Number \_\_\_\_\_

Employer \_\_\_\_\_ Please provide a four digit pin to confirm identity \_\_\_\_\_

Previous Address \_\_\_\_\_  
HOUSE # STREET APT # CITY STATE ZIP

You MUST provide a number where you can be reached: Home/Cell Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Emergency Number (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

The above information will be used to validate the identity of the person responsible for this utility account and authorized to make inquiries or changes to the account once the account has been established. If proof of identity is not provided, Algoma Utilities staff will not be able to discuss your account with you or anyone else. Customer agrees to authorize provider and its agents the ability to communicate, by phone, through the use of an auto-dialer or pre-recorded phone calls at the telephone number provided above.

Customer Signature

Date

Customer Signature

Date

The Federal Trade Commission (FTC) requires Municipal Utilities to have in place an "Identity Theft Prevention Program". In accordance with the FTC requirements as well as for your protection, Algoma Utilities now requires you to submit an application for service in person along with a photo ID. Failure to provide proper identification may be construed as a red flag as set by the FTC and may be reported to the proper authorities.

Algoma Utilities reserves the right to require a signed application for utility service. Customers will be subject to current rates, rules, and regulations as approved by the Public Service Commission of Wisconsin. You must notify Algoma 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 is confidential. False information can be cause for disconnection per the PSC of Wisconsin Service rules PSC 113.0301. Residential service may be disconnected or refused for: (i) failure of an applicant for utility service to provide adequate verification of identity and residency, as provided. (3).

### FOR UTILITY USE ONLY:

Received and reviewed application:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Verified ID:

Reviewed account billing setup:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Recorded Password in billing (verified):