



# Fitchburg Utilities Service Application

5520 Lacy Rd, Fitchburg WI 53711

Phone: (608)270-4270 Fax: (608)270-4212 Email: [Utility@Fitchburgwi.gov](mailto:Utility@Fitchburgwi.gov)

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

Service Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Do you: \_\_\_Rent or \_\_\_Own?

## Primary Account Holder:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DL# or State ID#: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

Previous Address: \_\_\_\_\_

## Secondary Account Holder:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DL# or State ID#: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

Previous Address: \_\_\_\_\_

## Billing Address (If different from service address):

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(Address Line 2)

\_\_\_\_\_  
(City) (State) (Zip)

**\*Note\* - Only the Account holders have access to the utility account (unless this is a rental unit then the owner of the property and their leasing agents if any have access to your account) If you want to provide authorization to anyone else to discuss your account you will need to do so in writing.**

Signatures: \_\_\_\_\_  
(primary account holder) (secondary account holder)

Person completing form: (if not an account holder) \_\_\_\_\_  
(Please print name)

Comments: \_\_\_\_\_

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## Utility Use Only:

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_