



**Application For Service(s) for Billing Purposes**

**This form is not to be used for New Construction or Service Upgrade – Please use form for “New Construction”**

Please select: Buying  Renting  *If renting, please fill out Landlord section at bottom*  
Residential  Commercial

Move-in date: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different)*

Previous Address: \_\_\_\_\_  
Street Apt. City State Zip

**Primary Billing Name:** \_\_\_\_\_  
*(responsible for bill) (first) (middle) (last)*

Drivers Lic #: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Other Names on Account:** \_\_\_\_\_  
*(if any)*

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

*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 Brodhead Water and Light will not be able to discuss your account with you or anyone else.*

Number of Adults living here: \_\_\_\_\_

Does anyone in household qualify as: Elderly  (over 62 years of age)  
Critical Needs Person  Please fill out a Critical Needs form  
On Life Support  Please attach physician’s verification form

**Emergency Contact – In case of Electric/Water Emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

***I agree that the information supplied on this application and attachments, if any, are correct to the best of my knowledge.***

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Brodhead Water and Light reserves the right to require a signed application for utility service. Customer is subject to current rates, rules and regulations as approved by the Public Service Commission of Wisconsin. **IF YOU MOVE OUT, YOU MUST NOTIFY BRODHEAD WATER AND LIGHT TO END SERVICE AT ABOVE ADDRESS.** If you don’t, you could be liable for any charges incurred after you have left. Application for service shall be made in the legal name of the party obligated to pay for service.*

*\*\*All information provided is kept confidential. False information can be cause for disconnect per Public Service Commission of Wisconsin – Service rules PSC 113.0301. Residential service may be disconnected or refused for: (1) failure of an applicant for utility service to provide adequate verification of identity and residency, as provided in sub. (3).*

**Landlord Section**

Landlord’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Office Info Only**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Cust Acct #: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Entered by: \_\_\_\_\_

**Brodhead Water and Light 507 19<sup>th</sup> Street 608-897-2505 Office Hours: Monday – Friday 8:00 am to 4:30 pm**