



**MANITOWOC PUBLIC UTILITIES**

1303 South 8<sup>th</sup> Street Manitowoc, WI 54220 920-683-4600 FAX 920-686-4315 [www.mpu.org](http://www.mpu.org)

**RESIDENTIAL APPLICATION FOR SERVICE**

Application Date: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Service Applied For: \_\_\_\_\_ Electric \_\_\_\_\_ Water/Sewer

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

Apartment/Unit: \_\_\_\_\_ Start Date of Service: \_\_\_\_\_

Ownership Status: \_\_\_\_\_ Own \_\_\_\_\_ Rent Landlord: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

ID/Drivers License \_\_\_\_\_ Expires \_\_\_\_\_

Billing Address \_\_\_\_\_

Employer: \_\_\_\_\_

Roommate/Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

ID/Drivers License \_\_\_\_\_ Expires \_\_\_\_\_

Billing Address \_\_\_\_\_

Employer: \_\_\_\_\_

Prior Address: \_\_\_\_\_

\_\_\_\_\_

Previous/Maiden Name: \_\_\_\_\_

Customer Agreement: I hereby apply for Electric and/or Water/Sewer service for the above premise. I agree that said electricity and/or water/sewer shall be used in conformity with the rates, rules and regulations on file with the Public Service Commission of Wisconsin, or in the office of this utility. I agree to pay for services at the established rates.

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

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OFFICE USE ONLY Account Number: \_\_\_\_\_

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

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