# **VILLAGE OF BENTON**

## 244 RIDGE AVENUE, BENTON WI 53803 | PH (608) 759-3721 | FAX (608) 379-3212

### BENTON MUNICIPAL UTILITIES NEW UTILITY SERVICE APPLICATION

OFFICE USE: Account #		Page 1 of 2				
Applicant's Name:	Date of Birth:	SS#				
First         MI         Last           Your Phone #: ()						
Employer:	Employer's Phone: (	)				
Direct pay utility bills with ACH payment from your bank acc	ount: YES NO	(If YES, complete <i>Direct Payment</i> form)				
Spouse/Roommate:	Date of Birth:	SS#				
First MI Last Phone #: ()						
Employer:	Employer's Phone: (	_)				
Date you would like utilities put into your name:						
Street Address of location you are moving into:		Apt #:				
Mailing Address:Ci	tv:	State/Zip:				
(This is the address you would like your utility bill mailed to. To receive						
Landlord's Name: Landlord's Phone #: ()						
You <u>MUST</u> provide all previous addresses within the <u>LAST 6 YEARS</u> *, beginning with the most recent. *Please ask for additional sheets as necessary.						
Dates living at this residence: until						
Address:		State/Zip:				
Electric Utility:						
Water & Sewer Utility:						
Landlord:	Phone: ()					
Dates living at this residence: until						
Address:	City:	State/Zip:				
Electric Utility:	Phone: ()					
Water & Sewer Utility:	Phone: ()					
Landlord:	Phone: ()					
Dates living at this residence: until						
Address:	City:	State/Zip:				
Electric Utility:	Phone: ()					
Water & Sewer Utility:	Phone: ()					
Landlord:	Phone: ()					

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Do you have any outstanding utility bills at this time? \_\_\_\_\_ If yes, please explain:

The above provided information is true to the best of my knowledge. I authorize Benton Municipal Utility to contact my previous utility providers and/or previous landlords. I understand this verification process may take up to ten business days, and I further understand that I <u>may be required to pay a utility account deposit</u> equal to two months service if it is discovered that I do have a history of outstanding utility bills and/or a poor payment history.

In addition, I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Written notification is required when additional tenants move in or out of this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested on page one of this application until I notify the utility in writing that I have moved and am no longer responsible for this utility bill.

Applicant's Signature:	 Date:	

Date:

Roommate/Spouse's Signature: \_\_\_\_\_

Please return to: Benton Municipal Utilities 244 Ridge Avenue Benton, WI 53803 Ph: (608) 759-3721 Fax: (608) 759-3212 Email: info@bentonwi.us

Office Use Only						
Received By:	_ Date:	Approved / Denied	Deposit amount required \$	Date Landlord Notified		