



People you know. Service you trust.

N30 W5926 Lincoln Blvd., P.O. Box 767, Cedarburg, Wisconsin 53012-0767
Phone (262) 375-7650, Fax (262) 375-7655, E-Mail cedarburgutility@wppisys.org

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

ACCOUNT # _____

Legal Name _____ Social Security # _____

Legal Name _____ Social Security # _____

Service Address _____, Cedarburg WI 53012

Mailing Address if different than above _____

Phone # _____ Alternate Phone # _____
Alternate is: _____ Business _____ Cell _____

Property Owner's Name _____

Beginning Date of Utility Service _____

Will this be your Residence? _____ Yes _____ No
If **NO**, will this be for Commercial Use? _____ Yes _____ No Other _____
(Please Explain)

Employer's Name _____ Employer's Phone # _____

Do you have a dog? _____ Yes _____ No
If **YES**...
Name: _____ Breed: _____

Have you had service from Cedarburg Light & Water Utility in the past? _____ Yes _____ No
If **YES**, when? _____

I agree to make timely payments & keep my account in good standing.

Signature _____ Date _____

Signature _____ Date _____

Application mailed _____