

MEDFORD UTILITIES
639 S. SECOND ST.
MEDFORD, WI 54451
(715) 748-3211 phone
email: cityofmedford@medfordwi.us

APPLICATION FOR UTILITY SERVICE

Please complete and return to Medford Utilities **along with a copy of your Driver's License/Photo ID.**

(* Required field.

*Today's Date _____	*Effective Date of Service _____
<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage	
*Service Address _____ _____ _____	*Billing Address _____ _____ _____
*Phone # _____	*Property Owner _____
*Name (s) of Party Responsible for Payment (Please print) _____ First Middle Initial Last _____ First Middle Initial Last	*Do you have any outstanding account with any Wisconsin Electric Utility or Coop which is Accrued during the last six years? Yes _____ No _____ If yes, name of Utility _____
Previous Address _____ _____ _____	
The party responsible for payment represents that the information contained herein is correct and agrees to take all applicable services in accordance with the Utilities rules and regulations.	
*Signed _____	*Date _____
*Signed _____	*Date _____

- *Driver's License/Photo ID attached
- Email Address _____