

MEDFORD ELECTRIC UTILITY
639 S. SECOND ST.
P.O. BOX 360
MEDFORD, WI 54451-0360
(715) 748-3211
(715) 748-2339 FAX

APPLICATION FOR UTILITY SERVICE

Please fill out this section and return to the Electric Utility along with a copy of your driver license.
Please print

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 _____
Previous Address: _____ _____ _____	If yes, name of Utility: _____
The party responsible for payment represents that the information contained herein is correct and agrees to take all applicable services in accordance with the Utility's rules and regulations.	
Signed: _____	Date: _____
Signed: _____	Date: _____

- Drivers License attached
- Email Address (Optional) - _____