

MEDFORD UTILITIES
639 S. SECOND ST.
MEDFORD, WI 54451
(715) 748-3211
(715) 748-2339 FAX

APPLICATION FOR UTILITY SERVICE

Please fill out this section and return to the Medford Utilities along with a copy of your driver license.

(*) 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 _____
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 _____