

New Glarus Utilities PO Box 399 New Glarus, WI 53574 Phone: (608) 527-2913 Fax: (608) 527-6630	APPLICATION FOR SERVICE		Application No.
			Received Date:
Applicant Information			
*Date of New Service	*Rent/Own		
*Service Address	*City/Town/Village	*Zip	
*Applicant Name (Last, First, MI)			
Social Security Number	*Driver's License Number	*Date of Birth (mm/dd/yyyy)	
*Mailing Address	*City/Town/Village	*Zip	
Email Address	*Daytime Phone No.	*Evening Phone No.	
Previous Address			
*Service Address	*City/Town/Village	*Zip	
Employer Information			
Employer Name	Employer Daytime Phone No.		
Employer Address	City/Town/Village	Zip	
Spouse/Roommate Information			
*Name (Last, First, MI)	Social Security Number	Employer Name/Phone No.	
*Name (Last, First, MI)	Social Security Number	Employer Name/Phone No.	
<p>The applicant understands and acknowledges that by signing this application for service, he/she is hereby guaranteeing that the information provided is accurate and true and is accepting responsibility for payment of the utility bills and that non-payment could result in the disconnection of service.</p>			
Signature of Applicant			Date
<p>*Required fields: This information is required to open a new account for electric, water, and/or sewer service. The utility may require photo identification prior to providing service to verify identity. The utility may contact you to verify any or all information.</p>			
Identity Verification (License, etc):	Date	Office Staff Signature	
Notes:			