

New Glarus Light & Water PO Box 399 New Glarus, WI 53574 Phone: (608) 527-2913 Fax: (608) 527-6630	<h1>APPLICATION FOR SERVICE</h1>	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
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**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.

**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.**

Signature of Applicant	Date
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**\*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.**

Identity Verification (License, etc)	Date	Office Staff Signature
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Notes: