



Account #

OFFICE USE ONLY

BANGOR MUNICIPAL UTILITY
106 15TH AVE NORTH – PO BOX 130
BANGOR, WI 54614-0130
PHONE (608) 486-2151 FAX (608)486-2951

APPLICATION FOR UTILITY SERVICE

Type of Service: Village _____ Rural _____ If rural, is farming your principal income ? Yes _____ No _____

Residential: Own _____ Rent _____ Commercial: Own _____ Rent _____

Date to Begin Service: _____ Phone #: _____

Name of Customer(s): _____

Service Address: _____

Mailing address (if different from above): _____

If renting, landlord's name and address: _____

Previous Address: _____

Driver's License # or I.D. #: _____

Social Security # (If not a WI resident): _____

Employer: _____ Work Phone #: _____

Have you been billed by this utility in the past (in your name)? Yes _____ No _____

Have you had utility service interrupted due to non-payment of a bill within the past 12 months? Yes _____ No _____

Do you have a balance owed at this or another utility? Yes _____ No _____

If so, please give name and location of utility: _____

If you have a past due balance with Bangor Municipal Utility or any other utility, you may be required to pay a deposit.

I agree to abide by the rules and regulations set forth by this utility and to pay for services at the specified rate. I understand that non-payment of utility bills could result in interrupted service and require posting of a deposit.

Upon termination of this service I understand that it is my responsibility to notify the Utility to request my service be terminated or changed from my name.

Signature of Applicant(s) _____ Date _____
