



Fitchburg Utilities Service Application

5520 Lacy Rd, Fitchburg WI 53711

Phone: (608)270-4270 Email: Utility@Fitchburgwi.gov

Service Start Date: _____

Service Address: _____

Start Date: _____ Do you: ___Rent or ___Own?

Primary Account Holder:

First Name: _____ Last Name: _____

DL# or State ID#: _____ Phone #: (____) _____

Email: _____

Previous Address: _____

Secondary Account Holder:

First Name: _____ Last Name: _____

DL# or State ID#: _____ Phone #: (____) _____

Email: _____

Previous Address: _____

Mailing Address (If different from service address):

(Address Line 1)

(Address Line 2)

(City) (State) (Zip)

Note - Only the Account holders have access to the utility account (unless this is a rental unit then the owner of the property and their leasing agents if any have access to your account) If you want to provide authorization to anyone else to discuss your account you will need to do so in writing.

Signatures: _____
(primary account holder) (secondary account holder)

Person completing form: (if not an account holder) _____
(Please print name)

Comments: _____
