VILLAGE OF FALL CREEK

122 E Lincoln Ave, PO Box 156 Fall Creek WI 54742
715-877-2177 village@fallcreekwi.gov

UTILITY SERVICES SETUP FORM

SERVICE ADDRESS

_____

Effective Date: _____

Request From: Owner ☐ Tenant ☐ Agent ☐

If filled out by tenant, form must also be signed by landlord/agent.

CUSTOMER INFORMATION

Primary Applicant:	Secondary Applicant:
Address:	
City, State, Zip:	
Primary Applicant's Phone:	Secondary Applicant's Phone:
Email:	**The Utility will deliver utility bills via email.** Check box to request paper bill be mailed via USPS instead. ☐

Residential garbage service is provided through the Village. Garbage pickup is weekly on Friday, with recycling pickup biweekly.

35 Gallon Cart ☐ 65 Gallon Cart ☐ 95 Gallon Cart ☐

CUSTOMER AGREEMENT

I accept responsibility for all charges pertaining to water usage, sanitary sewer service and/or garbage service for the above-mentioned property from the date listed above. I understand that special billing charges may be billed to my account as applicable. I understand that any unpaid balances as of November 15 of each year will be placed on the tax roll and become a lien against the property. If I am a tenant, I hereby authorize the landlord/agent to have access to information related to my account.

Signature:	Date:

LANDLORD/AGENT INFORMATION, if applicable

Name:	
Address:	
City, State, Zip:	Phone:
Email:	

The Utility will deliver utility bills via email. Check box to request paper bill be mailed via USPS instead. ☐

If requested **MAILED**, you may choose only one location. Send bill to: Tenant ☐ Landlord/Agent ☐

If chose tenant, landlord/agent may request a copy be **EMAILED** to them by checking here: ☐

I understand that any unpaid balances as of November 15 of each year will be placed on the tax roll and become a lien against the property. I also understand, as the landlord/agent, if my tenant requests discontinuation of service, the account may be defaulted into my name.

Signature:	Date:

OFFICE USE ONLY: DATE RECEIVED: _____ PELORUS UPDATED: _____