



# Shawano Municipal Utilities Residential Application for Utility Service

Application must be submitted in person within five (5) business days of start of service or services may be disconnected. Missing or incomplete information may delay the start of services. False information can cause disconnection of services and/or construed as a "red flag" under Federal Trade Commission guidelines and may be reported to authorities. Please have a proper photo ID with you when you visit our office.

Status: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant  
Services Requested: \_\_\_\_\_ Electric \_\_\_\_\_ Sewer / Water \_\_\_\_\_ Irrigation  
Type: \_\_\_\_\_ Move In (existing service) \_\_\_\_\_ New/Upgraded Services

Service Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Customer Information:** Your customer information is confidential and will be used by Shawano Municipal Utilities (SMU) to validate the identities of all parties responsible for this utility account and thereafter to verify the identity of those parties authorized to make inquiries or changes to this account. To meet Federal Trade Commission Identity Theft requirements and for your own protection, **a photo ID for each responsible party must be provided and verified by SMU staff.** We cannot discuss this account with anyone whose identity has not been validated.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Date for Service to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please note we need one to two business days' advance notice.*

Primary Customer Information First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell / Alternate Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Drivers Lic.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ State: \_\_\_\_

E-mail: \_\_\_\_\_

Secondary Customer Information First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell / Alternate Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Drivers Lic.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ State: \_\_\_\_

E-mail: \_\_\_\_\_

Additional Customer Information First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell / Alternate Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Drivers Lic.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ State: \_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Have you ever been a customer of SMU? Circle one: CURRENT PAST NEVER

If Past or Current Customer, list most recent service address: \_\_\_\_\_

If Current Customer, do you need a final reading? Circle one: NO YES Date of Final Reading: \_\_\_\_\_

*Please note, we need one to two business days' advance notice.*

If this is a rental unit and tenant(s) is responsible for payment of utility charges under the lease agreement; Landlord must sign below\*.

Landlord Name: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

\*Each time SMU notifies the tenant that charges for service are past due for more than one billing cycle, SMU may serve a copy of the notice of past due charges on the owner / landlord. If the tenant vacates the rental unit, the responsible parties and owner / landlord need to provide SMU with notice of the date that the tenant vacated the rental unit. Information on the tenants' payment status will be provided by SMU to the owner / landlord upon request.

Applicant(s) agrees to abide by the Rules and Regulations set forth by Shawano Municipal Utilities and the City of Shawano and to pay for services at the specified rates. It is understood that copies of the Rules, Regulations and Rates are available for review at the Utility office. Applicant(s) understand that utility charges must be paid in full on or before the due date each month or service(s) may be subject to disconnection. A 3% late payment penalty will be charged to any unpaid balance not paid on or before the due date. Applicant(s) warrants that all information on this application is true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Landlord Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

CSR: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 2/24 PSC approved 3/11