



**Application for Service(s) for Billing Purposes**

Today's Date: \_\_\_\_\_

Move In Date: \_\_\_\_\_ (Start Date)

Located at 777 Island Street in Kaukauna (Corner of Island and Dodge Street) Office 920-766-5721

**Kaukauna Utilities must have two days advance notice to schedule your move in.**

**This form is not to be used for New Construction or Upgrade of Service. Please use form noted for "New construction"**

**Buying  Renting  If renting, Landlord section at the bottom must be completed by Landlord in order to process.**

Address where Service(s) are to be provided \_\_\_\_\_  
House # Street Name Apt # City State Zip

Mailing address if different from Service Address: \_\_\_\_\_  
House # Street Name Apt # City State Zip

Primary Name responsible for bill: \_\_\_\_\_   
First Middle Last

Drivers Lic # \_\_\_\_\_  Date of Birth \_\_\_\_\_  
 Mothers Maiden Name \_\_\_\_\_  Last 4 digits of Social Security # \_\_\_\_\_  
Cell Ph# \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work # \_\_\_\_\_

You must provide a phone number where you can be reached. IF THIS IS A COMMERCIAL ACCOUNT: FED ID # \_\_\_\_\_

**The above information will be used to validate the identity of the person responsible for this utility account and authorized to make inquiries or changes to the account once the account has been established. If proof of identity is not provided, KU staff will not be able to discuss your account with you or anyone else.**

Other Name(s) associated with this account (Optional) \_\_\_\_\_  
Must be listed to make inquiries or changes to the account First Middle Last

Drivers Lic # \_\_\_\_\_  Date of Birth \_\_\_\_\_  
 Mothers Maiden Name \_\_\_\_\_  Last 4 digits of Social Security # \_\_\_\_\_  
Cell Ph# \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work # \_\_\_\_\_

*The above information will be used to validate the identity of the person(s) responsible for this utility account or designee to make inquiries or changes.*

Do you currently have service with Kaukauna Utilities at a different address? Yes No (Please circle) If yes, do you need a final reading? Yes No If yes, date of final reading: \_\_\_\_\_  for address moving from:

Please note, we need one to two business days advance notice to schedule a final reading. \_\_\_\_\_  
House # Street Name Apt #

If not currently a customer but have been in the past, what was your previous address with Kaukauna Utilities?

House # Street Name Apt # City

**Must be signed to be valid.**

Customer Signature: \_\_\_\_\_  Date: \_\_\_\_\_

**Must be signed to be valid.**

Customer Signature: \_\_\_\_\_  Date: \_\_\_\_\_

**The Federal Trade Commission (FTC) requires Municipal Utilities to have in place an "Identity Theft Prevention Program". In accordance with the FTC requirements as well as for your protection, KU now requires you to submit an application for service in person along with a photo id. Failure to provide proper proof of identification may be construed as a red flag as set by the FTC and may be reported to the proper authorities.**

Kaukauna Utilities (KU) reserves the right to require a signed application for utility service. Customer will be subject to current rates, rules, and regulations as approved by the Public Service Commission of Wisconsin. You must notify KU when you vacate to end service at the address you are vacating. Otherwise you could be liable for any charges incurred after you have moved. Application for service shall be made in the legal name of the party obligated to pay for service.

\*\*All information provided will be confidential. False information can be cause for disconnection per the Public Service Commission of Wisconsin Service rules PSC 113.0301. Residential service may be disconnected or refused for: (i) Failure of an applicant for utility service to provide adequate verification of identity and residency, as provided in sub.(3).

**Landlord Section**

Landlord's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Signature: \_\_\_\_\_ (must be signed in order to process)

By signing this form, you, the Landlord are verifying that the tenant responsible for the utility account is correct. Per the Wisconsin State Statute 66.0809.

Validated by \_\_\_\_\_

Customer # \_\_\_\_\_ Account # \_\_\_\_\_

Date processed \_\_\_\_\_ Entered by: \_\_\_\_\_