

Stratford Water & Electric

Customer Request for Utility Service

Office Use Only
Acct # _____
Name _____

1. Full Name with middle initial _____

Date of Birth _____ Phone # _____ Cell # _____

Social Security # _____ Driver's License # _____

Place of employment _____ Work # _____

Emergency contact person: _____ Phone # _____

2. Full Name with middle initial _____

Date of Birth _____ Phone # _____ Cell # _____

Social Security # _____ Driver's License # _____

Place of employment _____ Work # _____

Emergency contact person: _____ Phone # _____

3. Full Name with middle initial _____

Date of Birth _____ Phone # _____ Cell # _____

Social Security # _____ Driver's License # _____

Place of employment _____ Work # _____

Emergency contact person: _____ Phone # _____

Start date for utility service: _____

Request for service at: _____

Stratford WI 54484

and continuing thereafter until customer orders service discontinued. The customer agrees to pay for service in accordance with the authorized rate schedules and subject to the service rules as approved by and on file with the Public Service Commission of WI.

Utility Billing:	Bills are mailed on the first working day of each month and due as shown on bill. Payments can be made by mail, at the clerk's office, or at the Stratford State Bank. (Ask about our Automatic Payment Plan.)
Late Charges:	1% added to unpaid water and electric balance and 10% one-time penalty on current sewer billed.
Payment Arrangements:	Required when bills cannot be paid by the due date. Call 715-687-4166 or stop in at the office, 265 N 3rd Ave., to make necessary arrangements.
Deposit Requirements:	If appropriate, a security deposit may be required when adequate proof of credit is not provided upon request by utility.
Rental Property:	Stratford Water & Electric is a Municipal Utility. Landlords have the right to request information from a Municipal Utility in regards to their tenant's utility bill status. Your payment status will be shared with your landlord/property owner upon their request.
Termination of Service:	Advance notice of moving out of service address is required for proper billing.

Customer signature: _____

Date: _____

Return to: Stratford Water & Electric
 PO Box 12
 Stratford WI 54484-0012