



Residential Service(s) Application for Billing Purposes

Shared strength through WPPI Energy

500 N. Chestnut Avenue, PO Box 70
Oconto Falls, WI 54154-0070
920-846-4507 • Fax: 920-846-4516

Today's Date: _____ Move-In Date: _____

(Check one): Buying: _____ Renting: _____

(If renting, please complete "Landlord" section below)

In accordance with Oconto Falls Municipal Utilities' Identity Theft Prevention Program, and for your protection, this application must be submitted in person along with a photo ID at our office, located at 500 N. Chestnut Avenue in Oconto Falls. All information provided will be confidential. Failure to provide proper proof of identification may be construed as a "red flag" as set forth by the FTC and may be reported to the proper authorities.

Service(s) Requested: (check all that apply) Electric Water/Sewer

Address where Service(s) are to be provided: _____ Oconto Falls, WI 54154

House # Street Apt #

Mailing address, if different from Service Address: _____
House # Street Apt # City State Zip

(Photo ID required for all names on application.)

Primary (LEGAL) Name to be on bill: _____
First Middle Last

Date of Birth: _____ Driver's License #: _____ Social Security #: _____

Home Telephone #: _____ Cell phone #: _____
(You must provide a telephone number where you can be reached) (check) I hereby give permission to contact me on my cell phone

Place of Employment: _____ Work Telephone #: _____

Secondary (LEGAL) Name to be on bill: (Optional) _____
First Middle Last

Date of Birth: _____ Driver's License #: _____ Social Security #: _____

Home Telephone #: _____ Cell phone #: _____
(You must provide a telephone number where you can be reached) (check) I hereby give permission to contact me on my cell phone

Place of Employment: _____ Work Telephone #: _____

Do you currently have service with Oconto Falls Municipal Utilities: (check one) YES NO

If yes, what is the address for this service: _____ Oconto Falls, WI 54154

House # Street Apt #

Do you need a final reading taken at this location: (check one) YES NO

If yes, date of final reading: _____

If you are not currently an OFMU customer but have been in the past, what was your previous address in Oconto Falls:

Oconto Falls, WI 54154

House # Street Apt #

What was your last address, if different from above: _____
House # Street Apt # City State Zip

LANDLORD INFORMATION: PLEASE COMPLETE IF RENTING

Landlord's Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Must be signed to be valid: Customer Signature: _____ Date: _____

Must be signed to be valid: Customer Signature: _____ Date: _____

Oconto Falls Municipal Utilities (OFMU) 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 (PSC). You must notify OFMU 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 disconnect per PSC rules PCS 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).

Staff Use Only:

Verify the following information when receiving application for service: Date of Birth: _____ Photo ID: _____ Signature: _____

Date Processed: _____ Application accepted by (OFMU Representative): _____