

Application for Water/Sewer Service

Name	
Driver's License Number (Required)	
Date of Birth	
Service address	
City, State, Zip	
Rent or Own	<input type="checkbox"/> Rent <input type="checkbox"/> Own Date of Occupancy:
Billing address (if different than Service Address)	
City, State, Zip	
Phone	
Alternative Phone	
Email Address	Email Billing <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact	
Emergency Contact Phone	

Billing: Meters are read quarterly, March, June, September, and December.

Payments: Unpaid balances after each quarterly due date will be charged interest of 1 percent. Services charged shall be a lien on the property served in accordance with WI Stat. 66.076 (7). There is a \$35 fee for any checks returned NSF.

All payments shall be paid by mail to the following address:

Village of Winneconne Water/Sewer Service
PO Box 488
Winneconne, WI 54986

Agreement: By signing this application, you are assuming responsibility for the Village of Winneconne Water/Sewer Service billing at the service address listed above until the date a final reading is done. It is your responsibility to request a final reading. Any delinquent/unpaid balances along with penalties will be added as a special assessment to the property tax bill.

Signature

Date

Print Name

For office use only:

Account # _____ Date Work Order Entered _____ By _____