

Acct: # \_\_\_\_\_

Date Received \_\_\_\_\_

# MONTFORT WATER & SEWER DEPARTMENT APPLICATION

**SERVICE ADDRESS:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

## REQUIRED BILLING INFORMATION

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date Utilities are to be placed in your name: \_\_\_\_\_

Spouse/Roommate Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ **\*\*Receive bill via email? Yes or No**

I, \_\_\_\_\_, the owner or tenant of the property stated above, hereby inform the Montfort Water & Sewer Department that the person named above is responsible for the water and sewer bills at that address and that non-payment of the bills could result in disconnection of service and the collection process will begin. In addition, I understand that once utilities have been put in my name, it is my responsibility to notify the Montfort Village of any changes in occupancy at this location.

**\*\*Do you have a dog to license? Yes or No**

**\*\*Would you like to receive a "Welcome to Montfort" basket from our Welcoming Committee? If yes, do you give permission to release your name and address to the committee. Yes or No**

APPLICAN'TS SIGNATURE \_\_\_\_\_

Please sign & print name clearly after signature

Spouse/Roommate Signature: \_\_\_\_\_

Please sign & print name clearly after signature

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Return To:

Montfort Water and Sewer  
102 E. Park Street  
PO Box 157  
Montfort, WI 53569

**Please Note: Montfort Utilities provides water, sewer and garbage services.**