

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**

APPLICAN'TS SIGNATURE _____

Please sign & print name clearly after signature

Spouse/Roommate Signature: _____

Please sign & print name clearly after signature

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.