Stetsonville Water and Sewer Dept.
PO Box 219
Stetsonville WI 54480

Phone 715-678-2191
Email: clerk@villageofstetsonvillewi.gov

Please fill out this section and return to the Clerk/Treasurer's office along with a copy of your driver license (both if a joint account)

APPLICATION FOR UTILITY SERVICE

WATER AND SEWER SERVICES

Today's Date_____

Effective date of service:_____

Billing address:

_____

_____

Email address:_____

Service address:
Name(s) to be on account- Joint/single

_____

Property Owner (if you are a tenant)

_____

Address:

_____

_____

Phone:_____

Do you have any outstanding accounts with Wisconsin Water/Sewer/Electric Utility or Coop which is accrued during the last six years? Yes_____No_____

If yes—Name of Utility

_____

Name(s) of party (ies) responsible for payment: (print)

(1)_____

(2)_____

You may opt to receive your bill by email: Yes No

Email:_____

Do you want auto withdrawal? Yes No (form required)

Previous Address:

_____

_____

The party(ies) responsible for payment represents that the information contained herein is correct and agrees to take all applicable services in accordance with the Utility's rules and regulations.

Signed:_____Date_____

Signed:_____Date_____

DRIVER'S LICENSE MUST BE INCLUDED