

LA FARGE MUNICIPAL Utilities



105 w. Main St. P.O.Box 39

La Farge, WI 54639

Telephone: (608)625-2333

Fax: (608)625-2800

E-mail: lafutil@mwt.net

APPLICATION FOR SERVICE

I hereby apply for water, sewer and/or electric service in accordance with rates, rules and regulations established by ordinance of the Village of La Farge and in accordance with rates and rules on file with the Public Service Commission of WI.

Print Name as You Want It To Appear On Bill: _____

Names of Adults in Household That May Be Responsible For Bill: _____

Service Address: _____

Mailing Address (if different): _____

Prior Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____ **E-Mail** _____

Date to Start Service: _____ **Property Owner (if different)** _____

Valid WI Driver's License, State ID or Federal ID: _____

Social Security Number: _____ **Date of Birth:** _____

In Case of Emergency Contact: _____ **Phone:** _____

Signed _____ **Date** _____

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**For Utility Use Only:**

**Account Number** \_\_\_\_\_

**Service Termination: On** \_\_\_\_\_, **the Utility has been notified by** \_\_\_\_\_

**to discontinue** \_\_\_\_\_ **service at the above address effective** \_\_\_\_\_.

\_\_\_\_\_  
**Greg Lawton**  
**Utility Clerk/Bookkeeper**