

Village of Stetsonville
105 N. Gershwin Street
PO Box 219
Stetsonville, WI 54480
(P) 715-678-2191
Email: stetsdata@tds.net

APPLICATION FOR UTILITY SERVICE

Please fill out this section and return to the Village office along with a copy of your driver's license.
Please print.

Water and Sewer Service

Date _____

Effective Date of Service _____

Service Address:

Billing Address:

Phone # _____

Property Owner:

Name (s) of Party Responsible for Payment:

(Please print)

First Middle Initial Last

Do you have any outstanding accounts with
Wisconsin Water/Sewer/Electric Utility or
Co-op which is accrued during the last 6 years?

First Middle Initial Last

Yes _____ No _____

Previous Address:

If yes, name of Utility:

The party 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 Attached