



Shawano Municipal Utilities Commercial Application for Utility Service

Application must be submitted in person within five (5) business days of start of service or services may be disconnected. Missing or incomplete information may delay the start of services. False information can be cause for disconnection of services and/or construed as a "red flag" under Federal Trade Commission guidelines and may be reported to authorities. Please have proper photo ID with you when you visit our office.

Type _____ Move In (existing service) _____ New / Upgraded Service
Services Requested _____ Electric _____ Sewer / Water _____ Irrigation
Status _____ Owner _____ Tenant

Service Address _____ Apt. # _____

Customer Information: Your customer information is confidential and will be used by Shawano Municipal Utilities (SMU) to validate the identities of all parties responsible for this utility account and thereafter to verify the identity of those parties authorized to make inquiries or changes to this account. To meet Federal Trade Commission Identity Theft requirements and for your own protection, a photo ID for each responsible party must be provided and verified by SMU staff. We cannot discuss this account with anyone whose identity has not been validated.

Date of Application ____/____/____ Requested Date for Service to Begin ____/____/____

Please Print

Business Name: _____

Federal Employer Identification Number (FEIN) _____

Wisconsin Seller's Permit Identification Number _____

Name of Responsible Party: First _____ MI _____ Last _____

Home Phone # _____ Cell / Alternate Phone # _____

Date of Birth ____/____/____ S.S.# ____-____-____ Drivers Lic.# ____-____-____ State ____

Previous SMU Customer? _____ Yes _____ No E-mail _____

Most recent previous address of person responsible for bill payment _____

Name of Other Responsible Party: First _____ MI _____ Last _____

Home Phone # _____ Cell / Alternate Phone # _____

Date of Birth ____/____/____ S.S.# ____-____-____ Drivers Lic.# ____-____-____ State ____

Previous SMU Customer? _____ Yes _____ No E-mail _____

Mailing Address (if different) _____

If this is a rental unit and tenant(s) is responsible for payment of utility charges under the lease agreement; Landlord must sign below*.

Landlord Name _____ Landlord Phone # _____

Landlord Mailing Address _____

*Each time SMU notifies the tenant that charges for service are past due for more then one billing cycle, SMU may serve a copy of the notice of past due charges on the owner / landlord. If the tenant vacates the rental unit, the responsible parties and owner / landlord need to provide SMU with notice of the date that the tenant vacated the rental unit. Information on the tenants' payment status will be provided by SMU to the owner / landlord upon request.

Applicant(s) agrees to abide by the Rules and Regulations set forth by Shawano Municipal Utilities and the City of Shawano and to pay for services at the specified rates. It is understood that copies of the Rules, Regulations and Rates are available for review at the Utility office. Applicant(s) understand that utility charges must be paid in full on or before the due date each month or service(s) may be subject to disconnection. A 3% late payment penalty will be charged to any unpaid balance not paid on or before the due date. Applicant(s) warrants that all information on this application is true and correct.

Applicant Signature _____ Date ____/____/____

Other Responsible Party Signature _____ Date ____/____/____

*Landlord Signature (if applicable) _____ Date ____/____/____

Office use only	
CSR:	_____
Date:	_____
Parcel #:	_____
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