

**APPLICATION FOR SERVICE
CITY OF GLENWOOD CITY
WATER & SEWER DEPARTMENT**

SERVICE ADDRESS: _____

OWNER/LANDLORD: _____

BEGINNING DATE: _____

APPLICANT NAME: _____ SIGNATURE: _____
NAME OF PERSON(S) RESPONSIBLE FOR BILL (PLEASE PRINT)

APPLICANT NAME: _____ SIGNATURE: _____
NAME OF PERSON(S) RESPONSIBLE FOR BILL (PLEASE PRINT)

MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS:

PHONE NO. _____ EMAIL: _____

The applicant understands and acknowledges that by signing this application for service, he/she is accepting responsibility for payment of the utility bills and that non-payment of the bills could result in disconnection of service.

TO BE SIGNED BY LANDLORD/OWNER:

I, _____, the owner of the property stated above, hereby inform the CITY OF GLENWOOD CITY that the applicants named above are responsible for the utility at the service address stated above.

SIGNATURE OF LANDLORD/OWNER _____

Name of Person Responsible for bill up to above date: _____



PLEASE BRING APPLICATION TO OFFICE AS SOON AS POSSIBLE PRIOR TO COMMENCING SERVICE:

CITY OF GLENWOOD CITY
217 W OAK ST PO BOX 368
GLENWOOD CITY WI 54013
PHONE: 715-265-4227
FAX: 715-265-7307



FOR OFFICE USE ONLY:

ACCOUNT NO _____ DATE RECEIVED _____

COMMENTS: _____