

MEDFORD UTILITIES APPLICATION FOR SERVICE

639 S Second St
Medford, WI 54451
(715) 748-3211
cityofmedford@medfordwi.gov

ALL FIELDS ARE REQUIRED TO BE COMPELTED

Complete and return to Medford Utilities along with a copy of your Driver's License/Photo ID.

Today's Date _____ Effective Date of Service _____

Electric Water Sewer Garbage

Property Ownership Own Rent - Landlord Name _____

Name(s) of Party Responsible for Payment

First MI Last First MI Last

Driver's License # & State of Issue Driver's License # & State of Issue

Driver's License # & State of Issue Driver's License # & State of Issue

Phone # _____ Phone # _____

Email _____ Email _____

Service Address Billing Address (if different than service address)

Do you currently, or have you previously, had service with Medford Utilities? Previous Address

Yes _____ No _____ _____

I acknowledge that the information contained herein is correct and agree to take all applicable services in accordance with the Utilities rules and regulations.

Signature _____ Signature _____

Date _____ Date _____