



Village of Star Prairie
 P.O. Box 13
 207 Bridge Ave.
 Star Prairie, WI 54026
 Phone: (715) 248-7231 Fax: (715) 248-7501

APPLICATION FOR WATER/SEWER SERVICE

Applicant full name: _____

Additional adult occupants: _____

Service address: _____

Mailing address, if different from service address: _____

Previous address: _____

Current phone: Home/Cell: _____ Work: _____

Date to activate service: _____

(Circle One): MOVE IN or MOVE OUT

(Circle One): OWN ~ RENT

If renting, Name of Landlord: _____

Have you had utility service disconnected due to non-payment of bill within the last 12 months?

Yes No

I/We agree to the following: (please check all that apply)

- I/We agree to give access to my meter(s) at all times.
- I/We agree to be responsible for all amounts due while service is in my name.
- I/We understand that bills are due on a quarterly basis (4 times per year). Bills not paid by the due date will be sent a disconnection notice and will be subject to termination of service.
- I/We understand that it shall be my responsibility to notify the Village Clerk/Treasurer when service is to be terminated or changed from my name.

Applicant(s) Signature: _____

Applicant(s) Driver's License Number: _____

Applicant(s) Date of Birth: _____

For Office Use Only

Date Application Received: _____ Account # _____