



# ALGOMA UTILITIES

People you know. Service you trust, since 1904.

1407 Flora Avenue Algoma, WI 54201-1796 (920) 487-5556 FAX (920)487-5559

[www.algomautilities.com](http://www.algomautilities.com)

## Algoma Utilities Business Service Agreement

The Federal Trade Commission (FTC) requires municipal utilities to have an Identify Theft Prevention Program. Please return this form in person, completed & signed, with a photo ID as proof of identity.

**Business Full LEGAL Name** \_\_\_\_\_  
**Service Address** \_\_\_\_\_  
Mailing Address for Utility Statements \_\_\_\_\_  
Federal Employer Identification Number (FEIN): \_\_\_\_\_  
Business Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Contact Information:**  
*Primary Contact Name* \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Licensing State \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency/Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

*Secondary Contact Name* \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Licensing State \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency/Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

**RENTAL Information:** Please circle one:  
Do you OWN or RENT or LAND CONTRACT PURCHASE/OTHER?  
**RENTAL Information to be completed by landlord:**  
Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
By signing this form, you are verifying the tenant(s) responsible for the utility account is correct.  
You are also confirming that you verified the identity of this tenant(s).  
**Landlord Signature** \_\_\_\_\_

**RENTAL Information to be completed by tenant:**  
Previous landlord \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( OVER )



**Utility Reference Information:**

Please list the past 2 service addresses and the previous 2 utility providers.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

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Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

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**Do you require electric power for any medical equipment? Please circle: Yes/No**  
**If yes, we require that a critical needs form be completed.**

**Are you interested in our automatic bill payment service? Please circle: Yes/No**

- Algoma Utilities is regulated by the Public Service Commission (PSC) of Wisconsin.
- Delinquent accounts will be assessed late payment charges per PSC rates.
- Delinquent accounts are subject to disconnection per PSC rules and may be subject to credit bureau reporting.
- Falsified information can be cause for disconnection per PSC rules.
- Delinquent accounts become a lien on property served and will be assessed according to current Wisconsin Statutes.
- If you sell your property, the new owner is notified of the final account balance.
- If you are a tenant, your landlord will be notified by mail of any past due balance.

**Password required for access to account information.** Please choose something **that you will remember**, i.e. last 4 digits of social security number, phone number, birth date, etc.: \_\_\_\_\_

**I (we) have read, completed and understand the service agreement.**

Customer Signature(s): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer Signature(s):: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Date you would like service to begin:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Utility use only:*

***Received & reviewed application*** \_\_\_\_ ***Date*** \_\_\_\_/\_\_\_\_/\_\_\_\_ ***Verified ID*** \_\_\_\_

***Reviewed account billing setup*** \_\_\_\_ ***Date*** \_\_\_\_/\_\_\_\_/\_\_\_\_ ***Recorded password in billing (validated)*** \_\_\_\_\_