



# 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 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.

**Customer Full LEGAL Name** \_\_\_\_\_  
First Middle Last

**Service Address** \_\_\_\_\_

Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Licensing State \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

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**Spouse (or other occupant) Full LEGAL Name** \_\_\_\_\_

First Middle Last

Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Licensing State \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

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**(Please circle):** Is service address your **PRIMARY** home or **OTHER**? If other, please describe principal purpose of property \_\_\_\_\_

### **Contact and Mailing Information:**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency Contact/Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

### **SECONDARY Home Contact and Mailing Information (if applicable):**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency Contact/Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

### **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** \_\_\_\_\_

(OVER)



**RENTAL Information to be completed by tenant:**

Previous landlord \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employment Information:**

a) Your current place of employment? \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_  
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b) Spouse (other occupant) current employer? \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_

**Utility Reference Information:**

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

1. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
• Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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2. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
• Utility Provider \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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.: \_\_\_\_\_

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

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

**Customer Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Spouse (or second occupant) Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Utility use only:*

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

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