

Alma Center Water Utility Service Application

200 N. Church Street, PO Box 96, Alma Center, WI 54611
Phone (715) 964-7211 – Fax (715) 964-1230

Applicant Name: _____ Date: _____

Service Address: _____ Phone: _____

Mailing Address: _____

Previous Address: _____

Ownership Status: Own Rent

If Renter, Name of Landlord: _____

Drivers License #: _____

Start Date for Utility Service ____/____/____

Services provided by the Village of Alma Center: *Water *Sewer

Note: We are unable to connect services on holidays or weekends.

I agree to the following: (Please Initial)

___ 1. I agree to be responsible for all amounts due while service is in my name.

___ 2. I agree to give access to my meter at all times.

___ 3. I understand that my utility bill must be paid in full promptly on or before the due date or I will be subjected to disconnection.

___ 4. I understand that a penalty of 3% will be charged to my account on any unpaid balance if not paid by the due date.

___ 5. Any questions I had concerning my obligation to the Utility have answered by a Utility Customer Service Representative.

Applicant's Signature: _____

Account #: _____

Meter Serial Number: _____ Beginning Reading: _____