



## Application for Commercial Utility Service

Welcome to Stoughton Utilities! To obtain utility services at your new address and provide account holder identification (Driver's License or other State of WI issued identification), please complete and return this service application on or before the requested service date to [customerservice@stoughtonutilities.com](mailto:customerservice@stoughtonutilities.com) or 600 S Fourth St. Stoughton, WI. Our office hours are Monday-Thursday 8:00am to 4:00pm, and Friday 8:00am - 12:00pm. Thank you for your assistance.

Service Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Business Name \_\_\_\_\_

Tax ID # \_\_\_\_\_

Applicant (1) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Driver License# \_\_\_\_\_  
(Or other Photo ID)

Date of Birth: \_\_\_\_\_

Applicant (2) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Driver License# \_\_\_\_\_  
(Or other Photo ID)

Date of Birth: \_\_\_\_\_

The following phone numbers and/or e-mail addresses may be used by Stoughton Utilities to provide automated messages regarding your account balance, required payments, or other emergency information.

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if other than service address)

Property Owner/Manager: \_\_\_\_\_

Previous Business Address: \_\_\_\_\_  
(if applicable)

Type of Business: \_\_\_\_\_

Signature (1)\*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (2)\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The applicant understands and acknowledges that by signing this application for service, he/she is accepting responsibility for payment of the utility bills and that non-payment will result in the disconnection of service. Please note that because of the uncertainties inherent in a business, we are requesting a deposit to guarantee payments of future utility billings. The deposit amount will be based on the highest two consecutive bills for past usage at your present location. Thirty days are provided to secure the deposit, provide a guarantee of payment satisfactory to the utility, or establish a payment agreement.*

600 S. 4th St. / PO Box 383

Office 873-3379

Fax 873-4878

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

Acct. No.

For office use only

NAME