

River Falls Municipal Utilities  
 125 East Elm Street  
 River Falls, WI 54022  
 phone: (715) 425-0906  
 fax: (715) 425-7217



Electric Since 1900  
 Water Since 1894  
 Sewer Since 1930

# ELECTRONIC APPLICATION FOR SERVICE

PLEASE PRINT

Residential: Own \_\_\_\_\_ Rent \_\_\_\_\_ Commercial: Own \_\_\_\_\_ Rent \_\_\_\_\_  
 Date Responsible for Service: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_ SS #: \_\_\_\_\_(Opt)  
 Service Address: \_\_\_\_\_ River Falls, WI 54022  
 Mailing Address: (If different from above) \_\_\_\_\_ DOB: \_\_\_\_\_(Opt)  
 Former Permanent Address: \_\_\_\_\_  
 How Long at Previous Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Student: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Spouse's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Have you been served by River Falls Municipal Utilities in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_  
 Have you had utility service interrupted due to non-payment of bill within the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, please give name and location of utility: \_\_\_\_\_  
 Emergency Contact: (non relative) \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_

I agree to abide by the rules and regulation set forth by this utility and to pay for services at the specified rate. Utility rules require that assigned rate schedules remain in effect for a minimum of twelve (12) months. I understand that a non-payment of utility bills could result in interrupted service and require posting of a deposit.

It is understood that current copies of the utility rules, regulations and rates are on file at the utility office and available to me for my information.

Upon termination of this service I understand that it is my responsibility to notify the Utility to request my utility service be terminated or changed from my name.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Customer's Signature)

For Office Use Only	UTILITY CHARGES		CITY CHARGES
Account # _____	Electric _____	Environmental Fee _____	
Cy/Rt/Wk _____	Water _____	Storm Water Charge _____	
	Sewer _____	Garbage Fee _____	
Approved by: _____	Date received: _____		
(Utility Signature)	(If faxed or mailed)		