Application for Residential Utility Service

To obtain utility services at your new address and provide account holder identification, please complete and return this service application to Stoughton Utilities prior to the requested service date with a **copy or picture of your photo ID.** Applications can be returned via email, mail, in our curbside dropbox, or in person at 600 South Fourth St, Stoughton.

I. Property Information (required)

Service Address: _____ _____ Effective Date: _____
 (Street Address) *(Apt. #)*

Select One: Owner ☐ Tenant ☐ Property Owner/Manager: _____
 (if applicable)

II. Primary Applicant (required)

Name: _____ Driver License #: _____
 (First) *(Middle Initial)* *(Last)* (or other photo ID)

Primary Phone: _____ Date of Birth: _____

Secondary Phone: _____ Email Address: _____

III. Co-Applicant (optional)

Name: _____ Driver License #: _____
 (First) *(Middle Initial)* *(Last)* (or other Photo ID)

Primary Phone: _____ Date of Birth: _____

IV. Additional Adult Occupants (optional) *Additional adult occupants will not be listed on utility billing statements but will have access to account details, information, and history.*

Name: _____ Phone Number: _____
 (First) *(Last)*

Name: _____ Phone Number: _____
 (First) *(Last)*

V. Billing Preferences

Mailing Address: _____
(if different from service address)

Previous Address: _____ Final Read Date: _____
(if located in Stoughton)

Transfer Autopay from previous account? ☐

VI. Optional Programs

Round Up ☐

Rounds up your utility bill to the nearest dollar for local non-profit donations

Choose Renewable _____ # of blocks

300 kWh blocks of renewable energy for an additional $2 each per month

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

The applicant understands and acknowledges that by signing this application for service they are accepting responsibility for payment of all Stoughton Utilities bills for this account. The applicant further understands that non-payment could result in any of the following actions: disconnection of utility service, payment of a required service deposit, placement in the State of Wisconsin Tax Refund Intercept Program, placement with a third-party collection agency, and/or filing with Dane County small claims court.

Any information provided on this application may be used by Stoughton Utilities to verify your identity or contact you regarding your account balance, required payments, or other emergency information. By providing your phone number you consent to allow Stoughton Utilities to contact you using automated systems.