



FOND DU LAC WATER UTILITY

Water Service – STOP/START Application

109 N Macy St
Fond du lac, WI 54936
920-322-3680
fdlwater@fdl.wi.gov

*******Fill out this box to STOP service*******

Completion Date: _____ **Requested STOP Date:** _____

I am: (Please select one) Tenant/Renter Seller (Currently Own) Landlord Property Management Company Business
Service Address: _____

Is this service address: House Apartment Duplex Mobile Home Condominium Business

Name Currently on Water Account: _____

Please verify your Driver's License # OR Last 4 of Social Security #: _____

Please verify your Phone number & email address: _____

If you were renting, please list name of Landlord/management company & phone number: _____

IF SELLING PROPERTY Title Company Used for Closing: _____

Title Company Phone Number: _____

Please provide your Forwarding Address (Where should we send your final statement?):

Street Address _____ City _____ State _____ Zip Code _____

**A \$25 "special bill" charge will appear on your final statement. This*

Signature

charge is applied when finalizing/closing out accounts.

*****If filling out on behalf of account holder – please provide your Name/Phone#/Email:**

Relationship to Account Holder: _____

*******To START service fill out below, plus page 2*******

Completion Date: _____ **Requested START Date:** _____

I am: (Please select one) Tenant/Renter Buyer Landlord Property Management Company Business

Service Address: _____

Applicant Information

Name: _____ Phone Number: _____

E-mail: _____

List 1 of the following: Social Security, Driver's License# OR State ID #: _____

2nd Applicant Information

Name: _____ Phone Number: _____

E-mail: _____

List 1 of the following: Social Security, Driver's License# OR State ID #: _____

Applicant(s) Billing Address: Same as Service address OR _____

*****If there are more than 2 applicants, please attach additional forms*****



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Have any of the applicants ever had a water account in the City of Fond du Lac before? YES NO

If Yes, please list previous addresses and name as it appeared on the past account:

Applicant 1

Applicant 2

Does Applicant(s) need to discontinue services at any of the above address(es) ? YES NO

Address to discontinue service: _____ Date to Discontinue: _____

Address to discontinue service: _____ Date to Discontinue: _____

Applicant Signature

Date

Applicant Signature

Date

PURCHASING HOME- ONLY - Date of Closing: _____ Start Date of Water Service: _____
Reason for different date: _____

BUSINESSES ONLY - If you selected "Business" above, please provide your Federal Tax ID #: _____
Business Name: _____
Name and Title of Person Responsible for Payment: _____
Phone Number & Email of Responsible Party: _____

Landlord/Property Management Company Information

Company Name: _____ Contact Person Name : _____

Phone Number: _____ Email: _____

Landlord/Property Management Company Signature _____

**I, the Landlord/Property Management Company for the service address listed above authorize the Fond du Lac Water Utility to put the water account into my name beginning on the date specified on this form. I understand that the water account will remain in my name until I provide written notice via this form to the Fond du Lac Water Utility to make any changes.*

For New Service transferring from Landlord's name INTO Tenant's Name(s):

Does Landlord/Property Owner or Management Company want any notices for Tenant: Bills Delinquencies

Address to Send Notices to: _____
Address City, State, Zip Code

**APPLICANT INFORMATION – By signing this form, I am authorizing the Fond du Lac Water Utility to make the changes specified on this form, and I agree to be held liable for any charges incurred on my account from the requested start date and forward, until the water utility is provided with written notice to terminate my account. I further agree that the information I have provided is true and correct to the best of my knowledge. *The Fond du Lac Water Utility reserves the right to run a background check on applicants, and to refuse/deny service.*

OFFICE USE ONLY - Approved _____ **Denied** _____ **Clerk** _____
Denial Reason: _____