



Fond du Lac Water Utility

Third Party Notification for Delinquent Water Accounts

Requesting Entity Name (if applicable) _____

Contact Person _____

Mailing Address _____

Phone (____) _____ Fax (____) _____ Email _____

INFORMATION REQUESTED

The person or entity identified above requests notification when a water account becomes delinquent. Customer information to be disclosed per Wis. Stat. Sec. 66.0809(5) is limited to the following information only: tenant name, tenant address, past due amount, consumption averages, and billing history.

Please complete this form and return it to the utility either by:

- Email: fdlwater@fdl.wi.gov
- Mail: 109 N Macy Street Fond du Lac, WI 54935

PROPERTY OWNER NAME _____

PROPERTY OWNER ADDRESS _____
ADDRESS CITY STATE ZIP CODE

SERVICE ADDRESS _____ **FOND DU LAC, WI**

CUSTOMER(S) NAME _____

LAST	FIRST	MI

LAST	FIRST	MI

LAST	FIRST	MI

LAST	FIRST	MI

*Note: A separate form for each service address and utility account is required
Please allow the utility 5 business days to process request.*

OFFICE USE ONLY:

Date Received: _____

Account #: _____

Approved _____ Denied _____ Denial Reason: